KING COUNTY
Healthcare Coalition

Prepare. Respond. Recover.

Business Resiliency Workshop for Healthcare Providers

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The Business Resiliency Workbook is included between the Personal Preparedness and Local Emergency Response sections.

> "To be prepared is half the victory.
>
> — Miguel de Cervantes

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Agenda
Day 1: Fundamentals of Business Resiliency

9:00 – 9:30	Learning objectives for today
	Introductions
	Welcome
9:30 – 9:50	Activity: expectations check-in
9:50 – 10:30	Emergency management system: the basics
10:30 – 10:45	Break
10:45 – 11:15	Hazards in our region
11:15 – 12:00	Panel presentations: critical infrastructure issues
12:00 – 1:00	Lunch
1:00 – 2:00	Personal and family preparedness
2:00 – 2:30	Business Resiliency Workbook
2:30 – 2:45	Break
2:45 – 3:30	Business Resiliency Workbook cont.
3:30 – 4:15	Group discussion: putting resiliency into practice
4:15 – 4:30	Review and wrap up

Learning Objectives

1. Identify the value of the King County Healthcare Coalition.

2. Examine roles of emergency management and the value of the incident command system

3. Identify the types of hazards in our region and how they may impact your organization's ability to protect your staff and serve your patients/clients.

4. Outline infrastructure vulnerabilities and describe impacts to your organization

5. Describe the importance of personal and family preparedness and ways to increase your personal preparedness level

6. Outline methods to increase organizational preparedness and business resiliency

Agenda

Day 2: Business Resiliency in Practice

9:00 – 9:30	Learning objectives for today
	Introductions
	Brief review of Day 1
9:30 – 10:30	Local emergency response system
10:30 – 10:45	Break
10:45 – 11:45	King County Healthcare Coalition
11:45 – 12:45	Lunch
12:45 – 2:45	Incident Command System
	Video: Business Not as Usual
	Activity: putting ICS into practice
2:45 – 3:00	Break
3:00 – 3:45	Activity for review
3:45 – 4:30	Question and answers, wrap up

Learning Objectives

1. Describe local emergency response system

2. Identify how your organization can access information and request resources during an emergency

3. Demonstrate the regional and organizational preparedness efforts coordinated by the King County Healthcare Coalition

4. Identify the benefits and function of the Incident Command System (ICS)

Learning Objective: Identify the value King County Healthcare Coalition.

Introductions: Getting to know you…

- Name
- Agency
- Title
- One thing you would like to get out of today's workshop
- One fact about yourself few people know

Welcome

Planning now instead of reacting in the moment is critical. After all, during a disaster is *not* the right time to exchange business cards!

Welcome to the King County Healthcare Coalition's Business Resiliency workshop. With all the other tasks and responsibilities you have on a daily basis, we congratulate your organization on preparing to prosper in the face of disaster!

Healthcare providers' responsibilities includes ensuring the safety and well-being of staff and volunteers while on the job and the people you serve while in your care. The purpose of this workshop is to help build your organization's resiliency so your staff, volunteers, and the people you serve can be ready to respond to, and "bounce back" from, an emergency.

Collaboration between public health, hospitals, healthcare agencies, and other community organizations is crucial to organizational survival and regional healthcare system response. This is why the King County Healthcare Coalition (Healthcare Coalition) was formed.

The Healthcare Coalition is a network of healthcare organizations and providers that are committed to coordinating their emergency preparedness and response activities. The purpose is to develop and maintain a comprehensive system that ensures coordination, effective communications, and optimal use of available health resources in preparation for and in response to emergencies and disasters.

Healthcare sectors that participate in the Healthcare Coalition include

- hospitals
- medical groups
- safety net providers
- pediatrics
- tribal clinics
- long term care (nursing homes, boarding homes, adult family homes, home health, and home care)
- mental health and substance abuse (inpatient, outpatient, residential, detox centers, sobering centers, specialty providers)
- specialty providers (dialysis providers, blood centers, poison centers, surgical centers).

Vision of the Healthcare Coalition

A coordinated response across the continuum of healthcare that meets the health and medical needs of the community during an emergency.
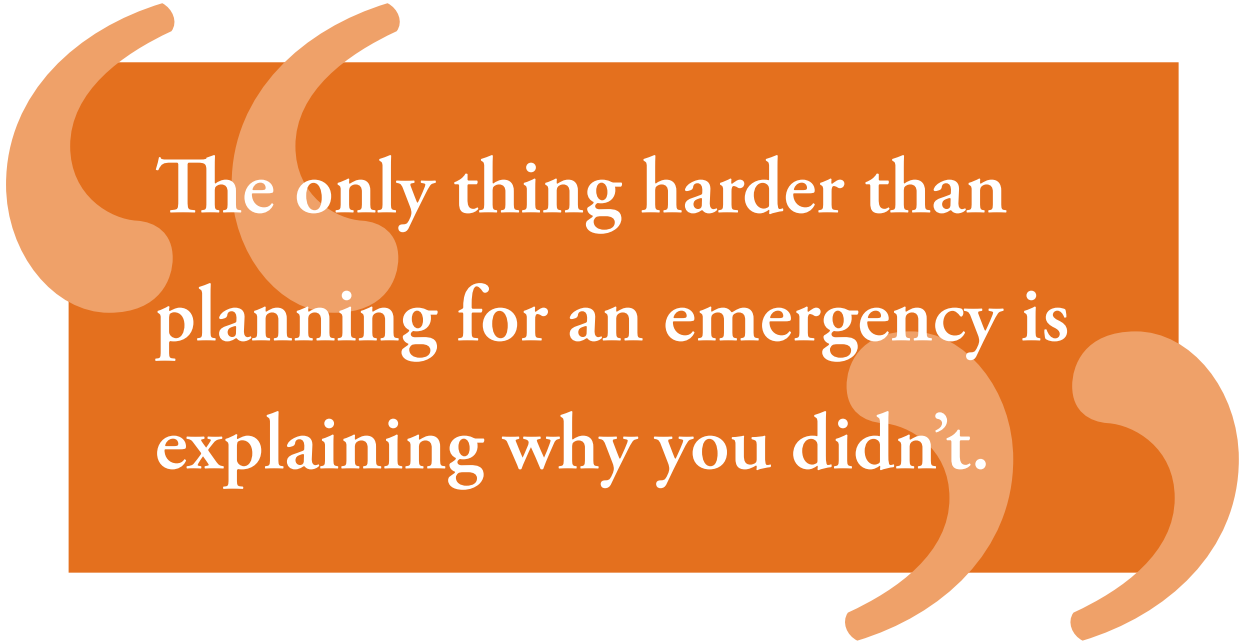
The Coalition coordinates and assists providers with their preparedness efforts on three levels:

- individual organization
- sector/neighborhood
- regional (King County).

For more information, visit **www.metrokc.gov/health/hccoalition**.

Over the next two days you will learn not only why but also how to increase your preparedness level and what resources you will have when an emergency strikes.

Thank you for being a part of making our healthcare system and community stronger and ready to prosper in an emergency.

"The only thing harder than planning for an emergency is explaining why you didn't.

Learning Objective: Increase your knowledge of the regional emergency response system.

Discussion

During a disaster, what do you expect from...

- your community
- your workplace
- non-governmental organizations?

Emergency Management Phases

Mitigation: Actions taken to eliminate a hazard, or to reduce the probability and the effect, should the disaster occur.

Examples include

- securing equipment and furniture
- installing latches on cabinets
- establishing a computer back-up system.

Preparedness: Actions taken to facilitate disaster response and recovery. This includes planning, training, and equipping organizations to respond to emergencies arising from hazards that cannot be eliminated through mitigation.

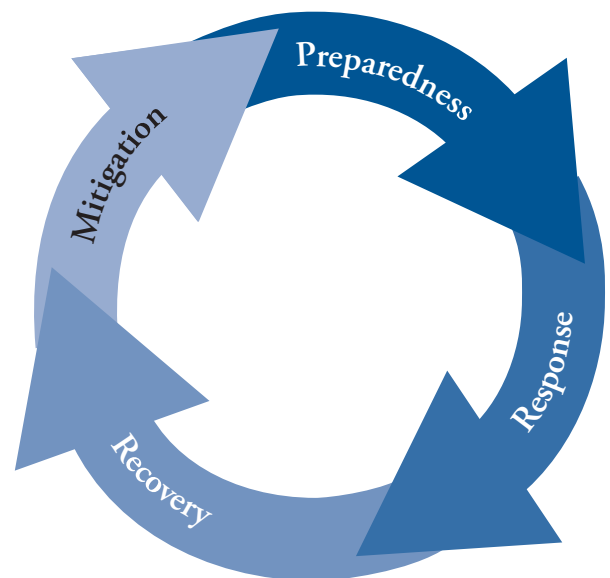Examples include

- developing emergency operations plans
- training personnel
- conducting exercises to test plans.

Response: Actions taken to save lives and property during an emergency.

Examples include

- search and rescue
- physical and psychological First Aid
- evacuation
- emergency shelter
- activation of Emergency Operations Plan
- activation of an Emergency Operations Center (EOC).

Recovery: Actions taken to return to normal or near normal conditions.

Examples include

- reconstructing roads and public facilities
- securing financial aid for disaster victims
- reviewing and critiquing of response activities.

Role of Government in Emergency Management

The Robert T. Stafford Act defines a **major disaster** that can result in federal assistance.

> *Major disaster* means any natural catastrophe or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of State and local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Additionally, the Stafford Act defines an **emergency** as a dangerous event that normally can be managed at the local level. Furthermore, the following is the legal definition of an **emergency** that can result in federal assistance:

> *Emergency* means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Government Areas of Responsibility

Federal Government

- The Federal Emergency Management Agency (FEMA) provides federal coordination, planning, and training to support state and local jurisdictions.
- In the event that the capabilities of state government are exceeded, federal disaster assistance may be requested.

According to the Small Business Administration, 52% of companies will go out of business as the result of a major disaster.

State of Washington

- The Washington State Emergency Management Division coordinates resources to support state agencies, cities, counties, towns, and tribal governments with either state mutual aid or federal government resources.
- The governor may proclaim a state of emergency for a portion of the state or the entire state and invoke response and recovery actions. RCW 43.06.010(12).

King County Office of Emergency Management

- Counties have emergency management organizations and plans according to RCW 38.52.
- King County Emergency Coordination Center coordinates non-medical resource requests and information for emergency events with Washington state, cities, and other local jurisdictions, special purpose districts, volunteer agencies, and private businesses.

Public Health - Seattle & King County (PHSKC)

- PHSKC coordinates medical resource requests and information for emergency events with healthcare organizations, King County ECC, Washington State Department of Health, cities, and other local jurisdictions, and special purpose districts, volunteer agencies, private businesses, and non-governmental organizations.

City

- Local jurisdictions assign emergency or disaster responsibilities based upon existing capabilities or mutual aid agreements.
- During an emergency event, local jurisdictions communicate with each other and describe what response efforts are being conducted.
- Cities report their status to the King County ECC.
- Seattle reports directly to Washington state.

Flow of Information and Resources

Requests | Federal Government | **Resources**
State Government
County Government
City Government
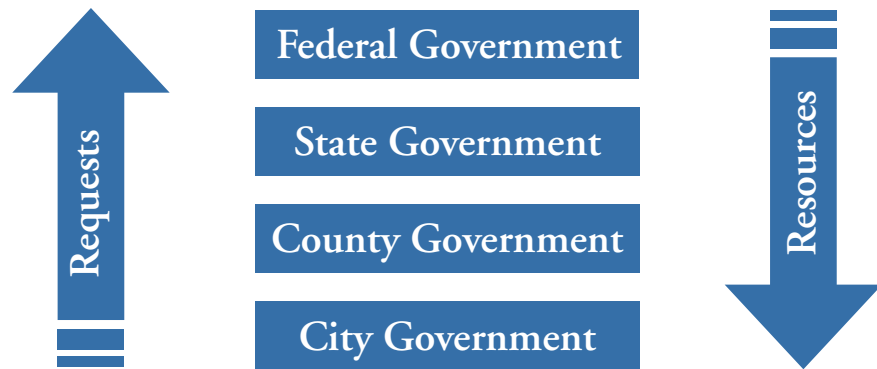
Role of Non-Governmental Organizations (NGOs)

NGOs provide critical support to government and community efforts. Although there are NGOs that play a role in mitigating and preparing for disasters, they are often best known for their response and recovery activities.

NGOs may be religious or secular based, but more are reliant on individual donations and grants from the public and private sector.

Common response and recovery activities NGOs perform include

- feeding
- sheltering
- crisis counseling
- case management
- referrals
- disaster supply distribution (blankets, hygiene kits, tarps, clean up kits, etc.)
- repair/rebuilding of homes.

Role of Healthcare Organizations

Healthcare organizations play a critical role in the overall response. Healthcare staff need a safe and supportive work environment. Patients/clients rely on organizations to continue to provide the services that they need.

Healthcare organizations need to have a business continuity and surge capacity plan that incorporates communications with staff, patients, and families.

Healthcare organizations need to know how to coordinate with the Public Health Emergency Operations Center to request medical resources, get information on the regional response, and provide a status of their organization. They also need to know how to coordinate with their local emergency operations center for non-medical support.

Incident Command System (ICS)

With so much at stake in an emergency, effectively managing your response efforts is vital. This is why adopting ICS is an important step for healthcare providers.

ICS was developed in the 1970s following a series of catastrophic fires in urban California. Property damage ran into the millions, and many people died or were injured. The personnel assigned to determine the causes of this disaster studied the case histories and discovered that response problems could rarely be attributed to lack of resources or failure of tactics. Surprisingly, studies found that response problems were far more likely to result from inadequate management than from any other single cause.

ICS is used to organize activities for a broad range of emergencies:

- small to large
- naturally occurring and human-made
- emergency or planned events.

Did you know? Providers accredited by the Joint Commission are required to adopt ICS. Other accrediting institutions, as well as funders, are increasingly including ICS implementation as a requirement.
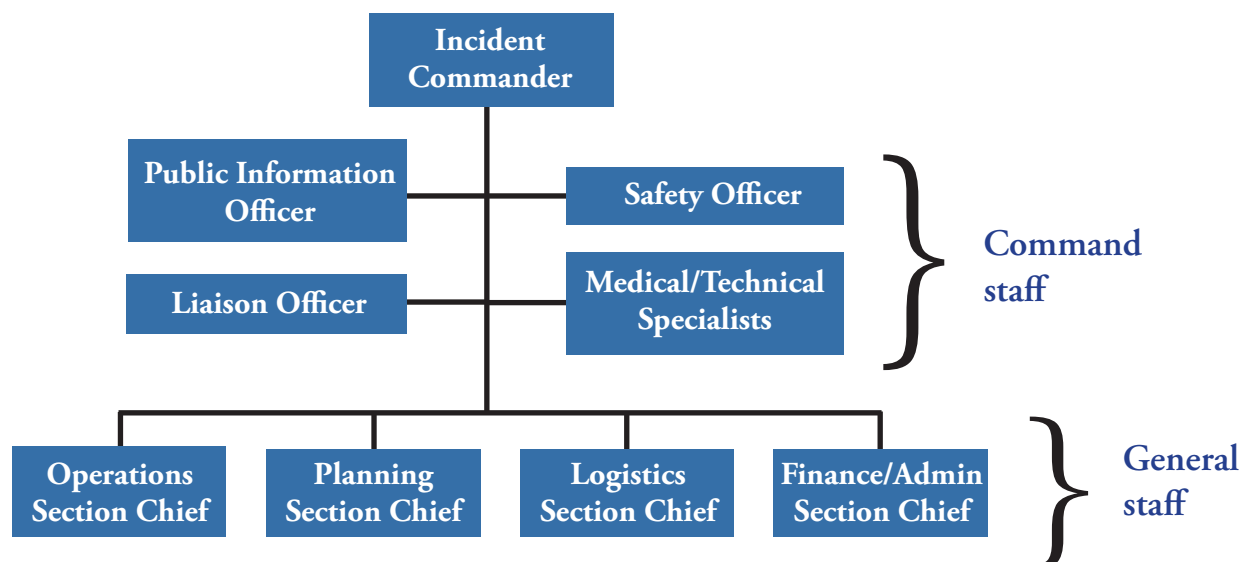
Because ICS draws from basic management skills that managers and leaders already know, once you become familiar with the terminology adopting it can be easy.

Using ICS benefits your organization by providing a structure that allows you to

- organize your team to manage any situation
- speak the language of professional emergency responders (which makes your organization much easier to assist)
- increase your ability to prevent injury, loss of life, and loss of property by ensuring clear accountabilities
- organize response efforts and efficiently utilize your resources.

Notes

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"Buildings are left standing, and the roads remain open, but the health impacts of a severe pandemic flu will be felt throughout our community. Everyone will need to change how we do business when a pandemic flu comes, so it's important that everyone prepares now.

— Dr. David Fleming
Director and Health Officer
Public Health - Seattle & King County

Learning Objectives: Identify the types of hazards in our region and how they may impact your organization's ability to serve your patients/clients, and outline infrastructure vulnerabilities and describe impacts to your organization.

Hazards in Our Region

When developing your organization's Emergency Operations Plan, it is important that the plan be effective for all hazards that have a moderate to high probability of occurring in our region.

Being that we are in the Puget Sound region, we must plan for hazards such as

- severe weather
- earthquake
- disease outbreak (e.g., pandemic flu)
- toxic spill (e.g., transportation or biotech facility accident)
- terrorism.

As healthcare providers, our goal is to ensure *continuity* of care within the *continuum* of care in an emergency. This includes activities designed to

- reduce mental/physical decline and need for higher level of care for the people you serve
- sustain critical healthcare services for the public
- avoid surge at hospitals.

To achieve these goals, it is critical that non-hospital healthcare providers continue to care for the people they serve in an event. Continuing to provide care may not mean only giving the care directly but also ensuring that care is given by other organizations in the healthcare system if your facility is unable to function.

Hazard Identification Vulnerability Analysis (HIVA)

The first step toward a mitigation program is the identification of the hazards a community may face. Firsthand information can be obtained from interviews of businesses, local employees, first responders, and residents; or gathered from newspaper archives, FEMA documents, state and local government

Consider these statistics:

Almost *40%* of small businesses that close due to a disaster event never re-open. (Source: American Red Cross)

Ninety-one percent of Americans live in places at moderate to high risk of earthquakes, volcanoes, tornadoes, wildfires, hurricanes, flooding, high-wind damage, or terrorism.

records, and the Internet. Generally, local hazards can be categorized as either natural or technological/human-caused events.

Some hazard events occur on an almost annual basis while others may not happen within our lifetime. Additionally, not every hazardous event occurs with notable damage or loss of life. For this reason, hazards are assessed by comparing the experienced frequency of the event versus the potential impact that may result.

Each type of hazard has a different set of characteristics that impact our response to it. Some hazards may leave infrastructure such as gas, power, and sewer lines intact, while another may destroy infrastructure.

Other characteristics to consider include the duration of the impact (e.g., was it an acute event such as an airline accident, or enduring, such as a pandemic flu?). Finally, our response may be greatly impacted depending upon whether there was warning of the event (e.g., snowstorm versus an earthquake).

Severe weather is rated in the King County HIVA as high probability/moderate impact. Impacts of severe weather may include

- flooding
- land and mud slides
- power outages
- road, rail, and airport closures.

Earthquakes in our region are rated as high probability/high impact. Severe impacts to our infrastructure are likely to occur, such as building and road collapse, power outages, as well as liquefaction. The University of Washington defines liquefaction as

> A phenomenon in which the strength and stiffness of a soil is reduced by earthquake shaking or other rapid loading. Liquefaction occurs in saturated soils, that is, soils in which the space between individual particles is completely filled with water. This water exerts a pressure on the soil particles that influences how tightly the particles themselves are pressed together.

Pandemic flu is generally rated as probability low/impact moderate. Although it is rated as a low probability because it happens in 10–30 year cycles, it

has been 30 years since the last one (1968), so our planet is due for another outbreak. Characteristics of a moderate impact pandemic flu include

- eighteen to twenty-four months in length
- mass casualty/mass fatality event
- social distancing ordered
- major economic losses
- overwhelming of healthcare, medical examiner, and funeral systems.

Mitigation and Planning

Keys to mitigate and plan for the effects of these and other hazards include

- developing practical, realistic personal and family disaster plans
- developing strategic and specific Emergency Operations Plan for your agency
- building partnerships between like providers and key organizations in your community.

Notes

"Preparedness is not about disasters. It's about who you are committed to being for your family and community when disaster strikes. Prepare the people you love to prosper!

— Collaborating Agencies Responding to Disaster (CARD)

Learning Objective: Describe the importance of personal and family preparedness and ways to increase your personal preparedness level.

Discussion

Who benefits when you and your staff are prepared?

Index Card Activity

Step 1 On each of nine index cards, write down

- three things you like to do
- three people you love
- three of your favorite things that you own.

Step 2 Spread cards out face down on table and mix around.

Step 3 Choose three cards.

Imagine that in a disaster the items on those three cards are the only things you did not lose. For many victims of disaster, this is a reality.

The process of increasing your level of personal preparedness may feel over-whelming. But, by including all members of your household, establishing priorities, actions and reasonable time lines, you can prosper in an emergency.

Protecting Life and Property

Ensuring your environment is safe is an activity you can do with your entire family, so do a home hazard hunt and include the kids.

Here are 10 steps recommended by Collaborating Agencies Responding to Disaster (CARD) and the Healthcare Coalition to make your home and other places safer.

1. Move heavy furniture (such as bookcases) away from beds, couches, and other places where people sit or sleep. Also make sure that exit paths are clear of clutter.

2. Secure large furniture and appliances with flexible nylon safety straps. When attaching straps to the wall, make sure they are attached to the studs in the wall.

3. Install latches on kitchen or other cabinet doors to keep contents inside during an earthquake.

4. Keep your home safer by using adhesives such as earthquake putty to keep vases, knickknacks, and other fragile items from falling and breaking.

5. Secure water heaters with two straps—one near the top and the other near the base. Firmly anchor these straps to the studs or masonry. Bracing kits are widely available to make this easier.

6. Hang paintings and other objects on closed hooks so they stay on the wall during an earthquake.

7. Retrofit your home, if possible. Homeowners and renters should explore what government and private resources are available to help make this happen.

8. Store heavy items in cabinets, storage racks, and bookcases on bottom shelves.

9. Remove fire and chemical hazards from the home.

10. Install smoke alarms throughout the house and fire extinguishers on every floor.

Emergency Go-Kits for Home

Go-Kits are emergency kits you pack in advance so that if an emergency strikes, you just pick up the kit and go. By assembling critical documents and supplies, you are more self-sufficient and able recover faster from a disaster. Place your kit in an easily accessible place, such as a closet near your front door.

You will want to keep additional supplies at home in the event that you cannot leave, but here is a list of supplies to include in your Go-Kit.

- ☐ Water—preferably several small packets
- ☐ Food
- ☐ Small First Aid kit
- ☐ AM/FM radio
- ☐ Flashlight
- ☐ Lightsticks
- ☐ Whistle
- ☐ Comfortable/sturdy shoes

- ☐ Clothes (several light layers pack better than bulky items)
- ☐ Garbage bags/plastic bags
- ☐ Duct tape
- ☐ Towelettes, toilet paper, feminine hygiene supplies
- ☐ Deck of cards, book, coloring books/crayons for kids, or other items to pass the time
- ☐ Face masks/dust masks/bandana or cloth to cover your face
- ☐ Pocket knife/utility knife/scissors
- ☐ Copies of important papers/documents (picture ID, birth certificates, credit cards, insurance policies, out-of-area contact information, and list of important contacts)
- ☐ Cash and coins (cash in case ATMs and credits cards do not work; coins for pay phones)
- ☐ Pre-paid calling cards
- ☐ Pen and paper
- ☐ Personal support items: eye glasses, medications, hearing aid and battery, etc.
- ☐ For people with limited English proficiency: dual-language dictionary, contact information for bilingual friends and supporters, and translated emergency information for sharing with emergency personnel

> **Remember, food and medications need to be rotated out of your emergency kit; otherwise, they may go bad or become useless.**

Personal Preparedness Food and Water Recommendations

Prepare to be on your own for a minimum of three days—preferably seven days. Your first activity toward increasing you and your family's personal preparedness level should be to ensure you have the right amount and type of food and water safely stored in your home.

- Water: at least one gallon of water per day, per person. Emergency water pouches are best because the water stays drinkable for approximately five years. Water is for drinking, cooking, and hand washing.
- Food: non-perishable foods you enjoy that require no refrigeration, preparation or cooking, and little or no water. You also should include high-protein items, including energy bars, ready-to-eat soup, peanut butter, etc.

Do not forget to store food and water at your office and in your car.

Food Storage Tips

- Keep food in a dry, cool spot—a dark area if possible.
- Wrap perishable foods, such as cookies and crackers, in plastic bags and keep them in sealed containers.
- Empty packages of sugar, dried fruits, and nuts into screw-top jars or air tight containers for protection from pests.
- Throw out canned goods that become swollen, dented, or corroded.
- Use foods before they go bad, and replace them with fresh supplies and date with ink or marker. Place new items at the back of the storage area and older ones in the front.

Shelf-Life of Food for Storage

- Six months: boxed powered milk, dried fruit, dry crisp crackers, potatoes
- One year: canned condensed meat and vegetable soups, ready-to-eat cereals and uncooked instant cereals, peanut butter, jelly, hard candy and canned nuts, vitamins
- Indefinitely: (in proper containers and conditions) wheat, vegetable oils, dried corn, baking powder, soybeans, instant coffee, tea, cocoa, salt, noncarbonated soft drinks, white rice, bouillon products, dry pasta, powdered milk (in nitrogen-packed cans)

Tips for Using Stored Food During a Power Outage

- Use perishable food from the refrigerator, pantry, garden, etc.
- Use foods from the freezer.
  - To limit the number of times you open the freezer, post a list of the freezer contents.
  - Frozen foods in a well insulated freezer will keep for two days.
- Begin using non-perishable foods and staples.

Protect Critical Documents

Prevent delay, frustration, and anxiety after a disaster by securing critical documents ahead of time. Keep one copy of the documents listed below in

your Emergency Go-Kit and another in a safe deposit box, with a relative, or at a friend's house outside the area. You can also store them at home in a fire-resistant container or put into a water tight bag and place in the freezer.

- ☐ Copy of vital household information
  - Name and Social Security Number of each household member
  - School name, address, and phone for each child
  - Name, address, and phone number of
    - friends and family members
    - attorney
    - doctor
    - vet
- ☐ Tax records for the past three years
- ☐ Medical information
  - Health plan numbers
  - Allergies
  - Regular medications (name and dosage)
- ☐ Insurance information
  - account/policy type and number
  - insurance agent phone number
  - pictures of all valuables for documentation and insurance claims
- ☐ Deed, wills, birth certificates
- ☐ Vehicle information (registration, VIN, insurance)

MacGyver Activity

Just like the 1980s hit TV show, MacGyver, in an emergency you may need to get creative with the resources you have on hand. As a way to practice this skill, list all the things you can use a Ziploc-type bag for in a disaster situation.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Preparedness and Children

It is important to educate children about disasters without alarming them. A simple way to explain your disaster planning efforts to young children is to let them know that sometimes nature provides too much of a good thing like rain, wind, or fire, and so the family needs to have a plan to be ready to respond.

Teach your children

- how and why to call for help
- to call the family contact if separated
- to keep personal identification information in their possession at all times.

Give babysitters a copy of emergency numbers, including your out-of-area contact number.

Finally, practice drop/cover/hold, evacuating the house, and reuniting at the family meeting point with all family members.

Preparedness and Pets

For many people, their pets are a beloved member of the family. Planning for the well-being of your pet is not only your responsibility but also the right thing to do. Here are some tips for ensuring your pet will be safe in a disaster.

1. Leaving your pet behind if you evacuate should be avoided. Arrange a safe haven for your pets in the event of evacuation. Red Cross will not allow pets in shelters.

   - Contact your veterinarian for a list of preferred boarding kennels and facilities.
   - Ask your local animal shelter if they provide emergency shelter or foster care for pets.
   - Identify hotels or motels outside of your immediate area that accept pets.
   - Ask friends and relatives outside your immediate area if they would be willing to take in your pet.

2. Place rescue alert sticker on your front window or door.

3. Assemble a pet Go-Kit (see the Resources section for a supply list).

4. Have pets chipped and/or put collar on with ID tags.

Key Points to Remember

Earthquake

Drop, cover, hold.

Fires

Stop, drop, roll.

Sweep extinguisher at base of fire.

Floods

Get upstream.

Hazardous Materials Release

Get uphill, up wind, up stream.

Use "thumb rule" for visible releases in the air (when your thumb can cover it in your view, you are far enough away).

Keep a flashlight and whistle on your key chain.

Signals: 1 = Yes   2 = No   3 = Help!

Power Outages

Use flashlights, natural light, or light sticks—**not** candles or open flames.

Prevent carbon monoxide poisoning

- only use a generator outdoors and far from open windows and vents
- never use a generator indoors, in garages, or carports.
- never cook or heat inside on a charcoal or gas grill.

Setting Priorities

Step 1: Identify areas of concern.

List the top two personal concerns you would have regarding the following events:

Earthquake

1. _____

2. _____

Fire

1. _____

2. _____

Flood

1. _____

2. _____

Hazardous material spill

1. _____

2. _____

Terrorism

1. _____

2. _____

Other

1. _____

2. _____

Step 2: Identify people in your life.

List the people in your life you would be most concerned about after an emergency or disaster.

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Step 3: Identify significant items in your home.

List the items in your home you would be most concerned about after an emergency or disaster.

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Actions

Now that you have identified your priorities, it is time to begin an action plan.

Within two weeks, take an action that

1. addresses an area of concern that you identified

_____

Action   *Date completed*

2. supports at least one person you would be concerned about

_____

Action   *Date completed*

3. protects at least one significant item in your home.

_____

Action   *Date completed*

Action Ideas

Create a Phone Tree

A phone tree can be a great way to keep in touch with friends and family in a disaster. For those who wish to participate in the tree in the event of a disaster, they will phone in a report to an out-of-area contact person and receive information on who else from the tree has called in.

> For example: "Hi Tom, we just had a pretty big earthquake out here. I'm fine, just a little shaken up, but am staying put here at work where it is safe. Can you tell me who else has reported in and how they are doing?"

Step 1 Create a list of people in your life who want to participate and their telephone and contact information.

Step 2 Assign a primary and a secondary person to be the out-of-state relay person (one should live somewhere other than the west coast).

Step 3 Clearly indicate on the list who the primary and secondary relay people are and include all their phone numbers.

Why select a contact person located outside the area? Because after a disaster the local telephone system is often jammed due to a surge in calls or damages. In these situations, you may still be able to place long-distance calls.

Step 4 Place phone tree list in Go-Kits (home, car, work).

Step 5 Distribute list to all those participating.

In addition, you may offer to be a relay point person for others. Contact friends or family out of state and initiate the planning process.

Create a Treasure Map

Step 1 Create a list of your most treasure possession and their locations.

Step 2 Include a description, if necessary, and the exact location of the items.

Step 3 Place a copy of the list in your Emergency Go-Kit and with trusted friends.

Preserve Your Photographs

If your photos are among your treasured items, scan them onto CDs and place them in a secure, water-tight location such as a safe deposit box. If you keep photos on your computer, back them up regularly and store them safely.

Store Treasured Items for Easy Transport

Some of the items you most care for, but do not access regularly, can be stored in an easy-to-grab, secure container right next to your Emergency Go-Kit. Make sure to include only the items that are light and can fit into a storage container one person can safely move. In planning for an evacuation event, pre-assign family members to grab the Emergency Go-Kit, the container of treasured items, and any pets you may have.
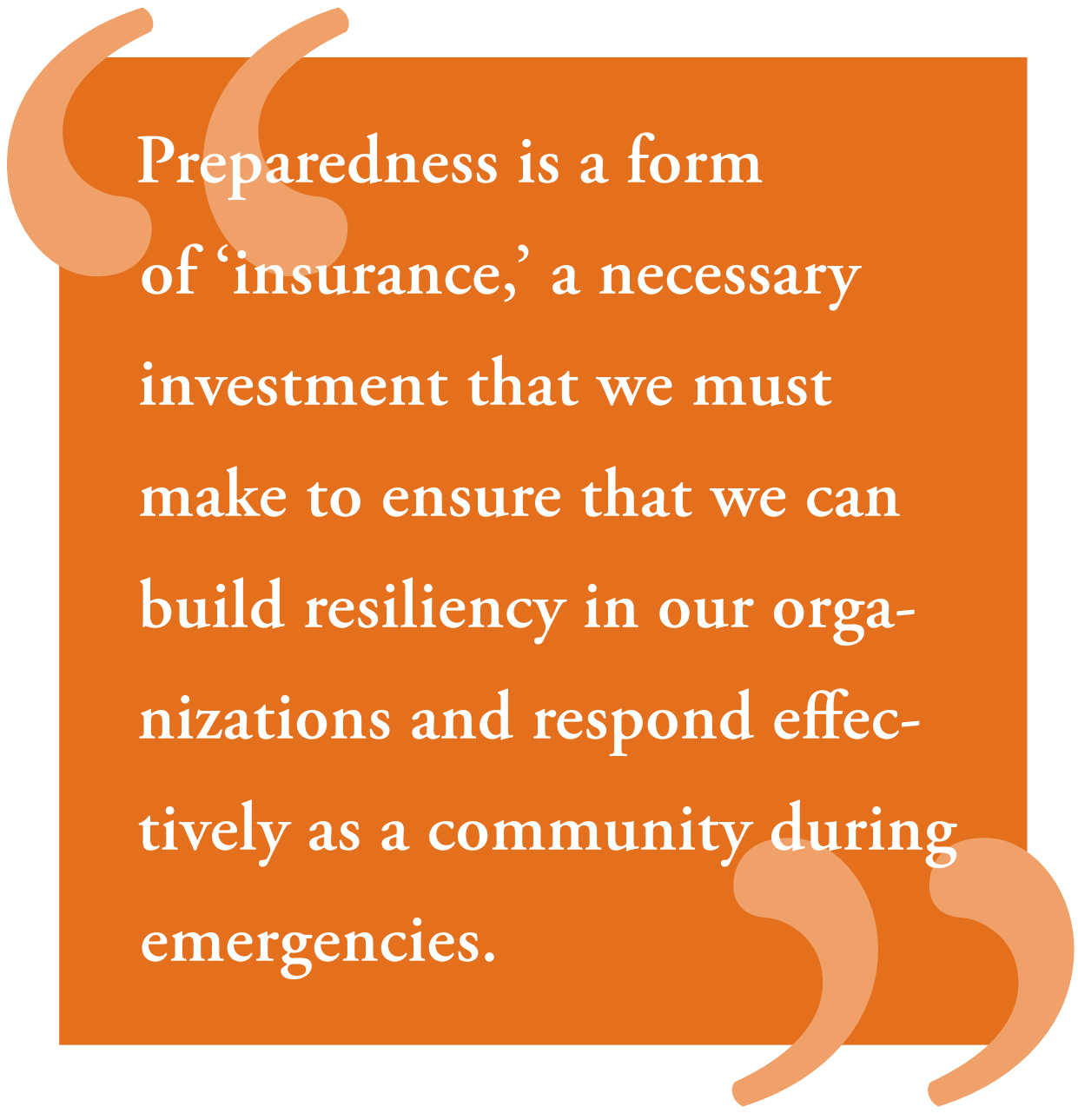
Designate Evacuation Spots

Designate spots and share this with your family.

First choice _____

Second choice _____

Notes

"Preparedness is a form of 'insurance,' a necessary investment that we must make to ensure that we can build resiliency in our organizations and respond effectively as a community during emergencies."

"If we learned anything from (Hurricane) Katrina, it is that we need to know how to reach our vulnerable residents now if we're going to meet their needs in a disaster.

— Ron Sims, King County Executive"

Learning Objectives: Describe local emergency response system. Identify how your organization can access information and request resources during an emergency.

Discussion

Review list of expectations from workshop day 1.

National Response Framework (NRF)

The NRF establishes a single, comprehensive approach to domestic incident management. It is an all-hazards plan, built on the template of the National Incident Management System (NIMS), providing structure and mechanisms for national level policy and operational direction for domestic incident management.

It is important to know that the NRF applies to all incidents requiring a coordinated federal response as part of an appropriate combination of state, local, tribal, private sector, and non-governmental entities.

Emergency Support Functions (ESFs)

ESFs describe the structures and responsibilities for coordinating incident resource support. Established as an effective mechanism to group capabilities and resources into the functions that are most likely needed during a response, there are a total of 15 ESFs outlined in the NRP. Specifically, ESF 8 outlines Health and Medical Services.

ESF 1	Transportation	ESF 8	Health, Medical, and Mortuary
ESF 2	Communications		
ESF 3	Public works	ESF 9	Search and Rescue
ESF 4	Fire	ESF 10	Hazardous Materials
ESF 5	Emergency Management	ESF 11	Food and Water
ESF 6	Mass Care, Emergency Assistance, Housing, and Human Services	ESF 12	Energy
		ESF 13	Public Safety and Security
		ESF 14	Long Term Community Recovery
ESF 7	Logistics Management and Resource Support	ESF 15	External Affairs

National Incident Management System (NIMS)

NIMS is a federally recognized compliance program that was developed by the Secretary of Homeland Security at the request of the president.

NIMS integrates effective practices in emergency preparedness and response into a comprehensive national framework for incident management.

NIMS compliance activities for hospitals and healthcare include

- manage emergency incidents using the Incident Command System
- coordinate with other emergency response partners for decision making and public messaging
- complete preparedness training, as outlined by the NIMS Integration Center
- update plans to incorporate NIMS components
- participate in all-hazard exercises.

Finally, NIMS compliance is required to be eligible for federal preparedness grant funding.

Washington State

On a state level, Washington is divided into nine preparedness regions.
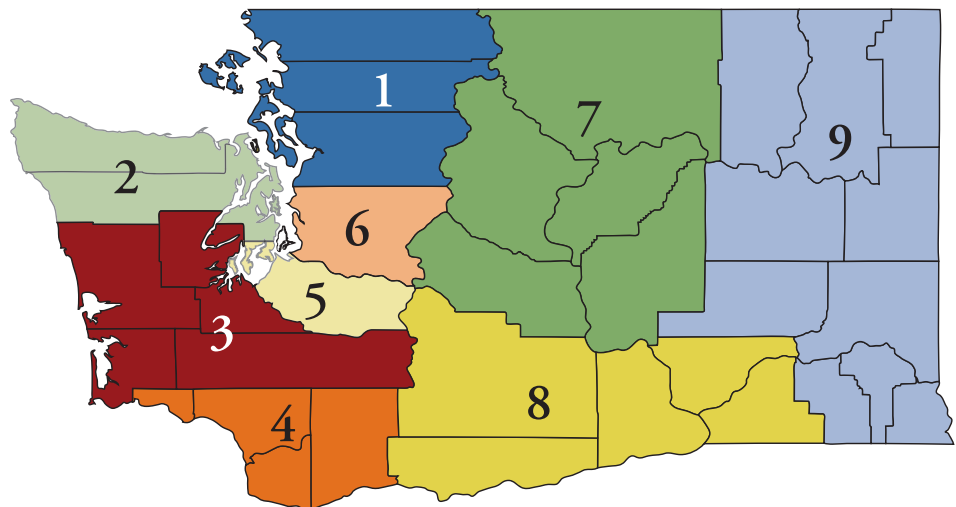
King County

Facts about King County

- population of more than 1.8 million people
- thirteenth most populous county in the nation
- comprises of 39 cities, over 130 special purpose districts
- over 46 languages spoken
- eight thousand and three hundred homeless individuals
- two tribal nations
- eighteen hospitals with emergency rooms
- twenty-seven safety net clinics
- eleven hundred residential long term care facilities

Additionally, King County is divided into three emergency response zones. Zone 1 encompasses the Eastside and includes the lead agency of Bellevue Emergency Management, Zone 3 encompasses the southern section of King County (south of Interstate 90) and includes the lead agency of Kent Emergency Management, and Zone 5 consists of the City of Seattle, for which Seattle Emergency Management is the lead agency.
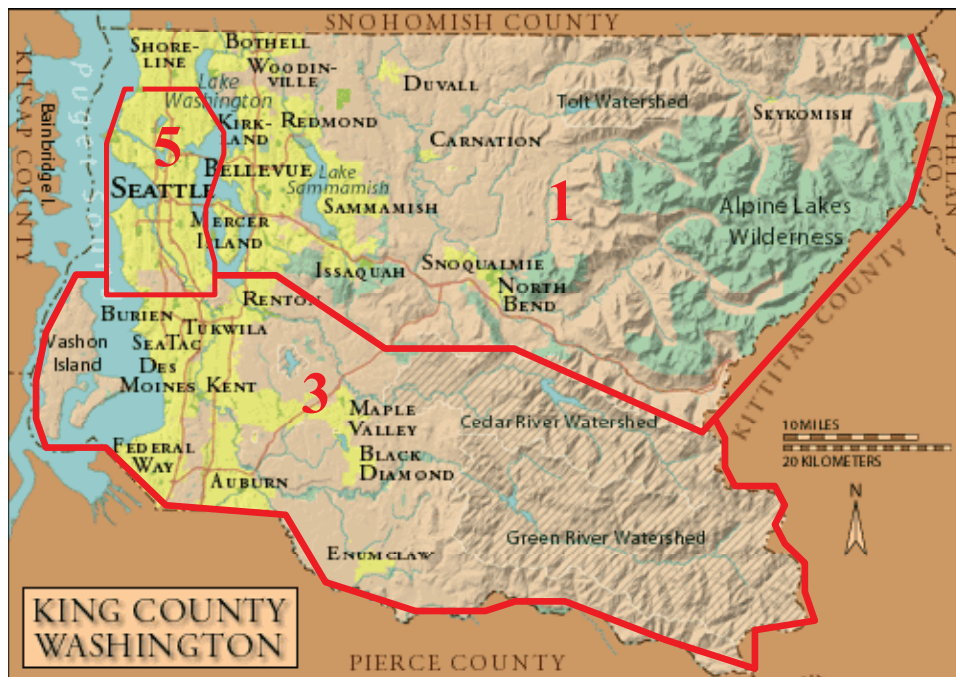
Regional Disaster Plan (RDP)

Managed by the King County Office of Emergency Management, the RDP is a voluntary plan, with legal and financial agreement, that provides the framework needed to inter-link response plans of a wide range of public, private, tribal, and non-profit organizations within King County. A key concept of the RDP is Coordinated Incident Management, which includes mobilization of King County and zone resources. RDP is in alignment with NIMS requirements.

There are currently 141 signatories, including private and public organizations such as Microsoft, American Red Cross, Washington Mutual, Sound Transit, Northwest Kidney Centers, and Puget Sound Blood Center.

You can review the latest version at **www.metrokc.gov/prepare/programs/ regionalplan.aspx.**

ESF 6: Mass Care, Housing, and Human Services

The lead agency in King County for ESF 6 is King County Department of Natural Resources and Parks (DNRP).

Primary agencies

- King County cities emergency management organizations
- King County Emergency Coordination Center
- Private sector organizations in King County
- Regional King County emergency coordination zones

Support agencies

- Public Health - Seattle & King County
- Amateur radio organizations
- The American Red Cross serving King and Kitsap Counties
- King County Animal Services
- Washington State University (WSU) King County Extension
- Washington Department of Agriculture WARM Team
- Washington Department of Fish and Wildlife
- Other veterinary and animal care organizations

The purpose of ESF 6 is to facilitate a coordinated regional approach to the prioritization, establishment, and maintenance of mass care, housing, and human services capabilities throughout King County. Mass care services include sheltering for people and animals, emergency feeding and relief supplies, First Aid, and disaster welfare information. Housing services may include provisional assistance for short and long term needs. Human services may include related recovery efforts such as counseling, benefit claims assistance, identification and postal services, financial services, and associated human services that can be delivered through Disaster Assistance Service Centers, as needed.

The American Red Cross has been a critical ESF 6 partner in emergency response for over 120 years. The mission of American Red Cross Disaster Services is to ensure nationwide disaster planning, preparedness, community disaster education, mitigation, and response that will provide the American people with quality services delivered in a uniform, consistent, and responsive manner.

The American Red Cross responds to disasters such as hurricanes, floods, earthquakes, and fires, or other situations that cause human suffering or create human needs that those affected cannot alleviate without assistance.

When a disaster strikes, the American Red Cross will provide relief for disaster-caused needs to address basic human needs, such as

- food
- shelter
- First Aid
- mental health services.

The Red Cross also feeds emergency workers, supports family assistance centers, and helps people connect with resources.

It is important to note that Red Cross shelters are unable to accommodate pets, so taking an animal to a Red Cross shelter is not an option. Additionally, Red Cross shelters may be able to offer First Aid-level care; however, they are not equipped to provide medical treatment or monitoring.

ESF 8: Health, Medical, and Mortuary

The lead agency in King County for ESF 8 is Public Health - Seattle & King County.

Primary agencies

- King County Healthcare Coalition
  - Ambulatory care providers
  - Home health providers
  - Hospitals
  - Long term care providers
  - Mental health providers
  - Palliative care and hospice providers
- Public and private emergency medical services providers

Support Agencies

- Airlift NW
- Amateur Radio Emergency Services
- American Red Cross, Seattle Chapter
- King County Department of Community and Human Services
- King County Department of Natural Resources and Parks
- King County Department Transportation
- King County Fire Chief's Association
- King County Sheriffs Office
- Local Emergency Management
- Local law enforcement agencies
- Northwest Kidney Center
- Puget Sound Blood Center
- Seattle Human Services Department
- Washington State Poison Center
- King County Mortuary Service Providers
- Washington State Forensic Laboratories (Washington State Patrol)

The purpose of ESF 8 is to provide for the organization, mobilization, and coordination of health and medical services in an emergency or disaster.

Emergency Response in King County

Tier 6: Support to state at the request of local responders

Tier 5: Management, coordination, and aid among states

Tier 4: Management, coordination, and support to counties and cities

Federal Response

Interstate Regional Coordination

Washington State Response

Multi-Agency Coordination Group (MAC Group)

Mayors

King County Executive

King County Regional Communication & Emergency Coordination Center (KCRCECC)

City Emergency Operations Centers

Non-Medical Planning & Logistics Support

ESF-8 Multi-Agency Coordination Group (MAC Group)

Local Health Officer

Healthcare Coalition Exec Council

EMS Medical Director

Medical Examiner

Health & Medical Response Public Health - Seattle & King County

Medical Planning & Logistics Support

Healthcare Organizations Emergency Operations Centers
- Manage care delivery and resources
- Implement operations changes as advised
- Provide resource needs and situational updates to Public Health

Tier 3: Jurisdiction incident management, policy level guidance, and support

Tier 2: Information sharing, cooperative planning, and mutual aid

Tier 1: Healthcare response at the organizational level

Coordination Relationships — — — —

Lines of Authority ———

Last updated 3/24/08

35

Examples include mobilizing health and medical volunteers, managing mass fatalities, distributing health information, and mobilizing medical shelters or alternate care facilities.

Health and Medical Response Structure

Based on the complexity, size, and geographic dispersion of health and medical response activities, an Area Command structure is utilized to manage emergency response. Area command will set overall strategy and priorities, allocate critical resources, and ensure that response activities are properly managed, objectives are met, and strategies are followed. This body will also coordinate with healthcare organizations on their status and resource needs, as well as provide a daily report of the status of the region and impacts to the healthcare system.

Health and Medical Policy Decision Making Body

A Multi-Agency Coordination Group (MAC) may be activated to direct policy and priorities for the county-wide health and medical response. The MAC Group will include the following participants:

- local health officer as the authorized decision maker
- Healthcare Coalition Executive Council
- Emergency medical system medical directors for King County and Seattle
- medical examiner.

All members will advise the local health officer regarding policy level decisions, priorities, public messaging and resource allocations. The local health officer will make final decisions for the MAC Group.

Health and Medical Support for Healthcare Organizations

- Call Public Health duty officer: 206.296.4606.
- State name and type of organization.
- State location.
- State need for information or resources.

Non-Medical Support for Healthcare Organizations

- Call local emergency operations center for your jurisdiction (see Emergency Management tab).
- State name and type of organization.
- State location.
- State your need for information or resources.

A healthcare organization can contact the Public Health EOC to support non-medical resource request if attempts at contacting their respective local EOCs or county ECCs were not successful.

Medical requests	Non-medical requests
What is a medical request?	What is a non-medical request?
Examples	*Examples*
- oxygen - hospital beds - pharmaceuticals - medical supplies - ventilators - medical equipment - specialty staff - evacuation equipment - specialized medical transport equipment	- fuel - food - water - telecommunications - utility coordination - Metro Transit - snow removal - security - fire/police assistance (non-emergent) - transportation—public and staff - generators - blankets - lumber - sharing of non-medical equipment

Notes

"We did not anticipate that airliners would be commandeered and turned into guided missiles; but the fact that we practiced for other kinds of disasters made us far more prepared to handle a catastrophe that nobody envisioned.

— Rudolph W. Giuliani
former mayor of New York City

Learning Objective: Demonstrate the regional and organizational preparedness efforts coordinated by the King County Healthcare Coalition.

The King County Healthcare Coalition

The King County Healthcare Coalition (Coalition) is a network of healthcare organizations and providers that are committed to coordinating their emergency preparedness and response activities.

Since November 2005 the Coalition has focused on two major initiatives:

1. build infrastructure to support a coordinated, regional emergency response across the health system

2. assist healthcare organizations in strengthening continuity of operations and emergency preparedness.

The purpose of the Coalition is to develop and maintain a comprehensive system that assures coordination, effective communications, and optimal use of available health resources in response to emergencies and disaster for all hazards.

Additionally, Coalition staff provide consultation and technical assistance to Coalition members and partners on trainings, exercises, resource acquisition, critical infrastructure enhancement, and regional planning opportunities.

Governing Body: Executive Council

The Coalition's Executive Council functions as the board of the Coalition, guiding the organization's development. Policy-level decisions are made by the Executive Council, which is comprised of chief executive officers, chief operating officers, and other executive level representatives from all types of member healthcare organizations.

> **Did you know?** Healthcare Coalition planning assists Joint Commission accredited providers in addressing over 50% of required Joint Commission Emergency Standards.

King County Healthcare Coalition Preparedness Structure

Executive Council	
Special Advisory Groups • Insurers Workgroup • Legal Workgroup	**Clinical Planning Groups** • Medical Directors Committee • Critical Care Workgroup • Infectious Disease Workgroup • Palliative Care Workgroup • Pediatrics Workgroup
Operational Planning Committees • Non Hospital Planning Committee • Hospital Committee • Methadone Preparedness Workgroup • Regional Medical Resource Center Software Planning Group	**Regional Surge Capacity Projects** • Alternate Care facilities • Puget Sound Call Center coordination • Volunteer Management System (staffing) • Healthcare Worker survey
Regional Medical Resource Center	

Staff Coordinating Group

Regional Surge Capacity Projects

Alternate Care Facilities/Medical Sheltering

Alternate Care Facilities will be designed to supplement the regular health care system in the event of emergencies that generate demand that exceeds existing surge capacity. These facilities will serve a variety of functions intended to relieve pressure on the local healthcare system during a response by serving as triage stations, urgent care centers, or inpatient facilities when local healthcare infrastructure is damaged or overwhelmed.

Volunteer Management System (VMS)

VMS is our overarching management system for all health and medical volunteer support within the region. VMS will manage the following types of volunteers: Medical Reserve Corps, volunteer groups (faith based, profes-

sional organizations, healthcare organizations), spontaneous volunteers, and non-medical labor pool to assist in the health and medical response.

Puget Sound Call Center Coordination

This project creates a network of call centers that can provide medical phone triage and disseminate up-to-date public health information in King, Pierce, and Snohomish Counties during a disaster.

Regional Medical Resource Center (RMRC)

The preparedness roles of the RMRC are to build communication redundancy, support the design and implementation of KCHealthTrac (the regional health and medical incident management system), ensure critical infrastructure planning, and anticipate and mitigate community impacts on the healthcare system.

During a response, the RMRC functions as part of the health and medical Area Command, so information and resources can be leveraged.

Ensuring Communication Redundancies

Being able to communicate during an emergency is vital to obtaining situation awareness and making informed decisions. RMRC assists members in obtaining and operating redundant communications system.

Government Emergency Telecommunications Service (GETS)

GETS provides priority access to the switches that route telephone calls. This service is most useful during an event when there is no damage to the telephone system, but the circuits are overloaded. In this situation, the caller usually hears a very fast or very slow busy signal after the number is dialed, indicating that too many people are making calls at the same time. GETS provides you priority access to the circuit, which allows your call to go through.

Wireless Priority Service (WPS)

WPS provides priority access to the cellular towers that route cell phone calls. This service is most useful in situations when the cellular infrastructure is intact but the circuits are overloaded by a large number of callers. In this situ-

ation, the caller usually receives a message indicating that the call cannot be completed or receives a fast busy signal. WPS helps your call receive priority access through the cellular phone system.

KCHealthTrac

KCHealthTrac is an Incident Management software system designed to support the health and medical response and Healthcare Coalition members and partners.

A Web-based software, KCHealthTrac (**www.kchealthtrac.com**), will be used to manage emergency events, track resources and pharmaceuticals, provide contact management, store important planning documents, track patients, alert responders of an emergency event, and provide a communications mechanism that can be archived for future reference.

KCHealthTrac was chosen by a workgroup that included hospital representatives, Healthcare Coalition partners, and public health staff. The software is being implemented by healthcare sector (e.g., hospitals, non-hospital mental health and substance abuse providers, long-term care). Coalition members will receive training, a user name and password, and will be able to log on to the system to view situational status reports, receive informational updates, and interact with the Regional Medical Resource Center.

Training and Exercises

Coalition staff assist with preparedness planning and support by providing references, tools, and support to healthcare organizations to enhance their preparedness efforts. Examples include collaborating with community partners, assisting with preparedness and response planning, and coordinating opportunities to exercise plans.

Drafting a comprehensive emergency operations plan is a significant accomplishment for any agency. The next challenge is to make sure your plan is routinely tested, enhanced, and practiced. Holding regular drills and exercises is a critical element aspect of preparedness planning.

Exercising is a valuable tool for practicing and testing response and identifying areas of need before a disaster occurs. Evaluation of exercises provides information on accomplishments and helps identify areas for improvement.

There are many types of exercises, but this course focuses on four of the most common: tabletops, drills, functional, and full scale.

Tabletop Exercises (TTX)

- Involves key personnel in an informal setting to discuss simulated situations
- Intended to foster discussion of various issues regarding a hypothetical situation
- Can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, and recovery from a defined event

Drills

- Coordinated, supervised activity usually employed to test a single specific operation or function in a single agency
- Commonly used to provide training on new equipment, develop or test policies or procedures, or practice and maintain current skills
- Example: fire drill

Functional Exercises

- Designed to test and evaluate individual capabilities, multiple functions or activities within a function, or interdependent groups of functions
- Generally focused on exercising the plans, procedures, and staff of the Incident Command Structure
- Uses an event-based exercise scenario with updates that drive activity at the management level

Full Scale Exercises

- Multi-agency, multi-jurisdictional exercises that test many facets of emergency response and recovery
- Provides an opportunity to execute plans, procedures, and cooperative (mutual aid) agreements in response to a simulated live event in a highly stressful environment
- Conducted in real-time to closely mirror a real event

Different people define exercise in different ways. To some, it means training and drills. To others, it's a way to evaluate and confirm the soundness of policies and procedures, through in-depth discussion. An exercise can be all of these—and more.

Exercise Tips and Pitfalls

- Create clear objectives at the beginning.
- Keep exercises simple.
- Brief participants of an exercise to accept the provided scenario.
- During functional and full scale exercises when making phone calls start with "this is an exercise" so the person receiving the call does not think it's a real event.
- Always conduct a "hotwash" or "debrief" to collect lessons learned.
- Write an After Action Report (AAR) and identify who is responsible for improvement plan measures.

Get Connected to the Coalition

- Sign up for the newsletter (contact the training and exercise coordinator).
- Sign up for a KCHealthTrac demo (contact the RMRC).
- Participate in an upcoming exercise (contact the training and exercise coordinator).
- Check out our Web site: **www.metrokc.gov/health/hccoalition**.

Coalition staff contact information is available in the Resources section.

Notes

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"A serious (flu) outbreak and its fallout would probably overwhelm medical centers, cause lengthy delays in emergency and routine care, and trigger shortages of beds, ventilators, drugs, masks, gloves and other supplies, experts said. Unlike a hurricane or a terrorist bombing, the crisis would drag on for months and affect communities nationwide at the same time."

— Washington Post, February 2, 2008

Learning Objective: Identify the benefits and function of the Incident Command System (ICS).

Incident Command System (ICS)

Learning and adopting ICS at your organization is strongly advised. Effectively managed incidents can protect the health and safety of your staff, volunteers, people you serve, and the reputation and finances of your organization. ICS provides the foundation to efficiently manage incidents of all sizes and complexities.

An incident is an occurrence, either caused by humans or natural phenomena, that requires response actions to prevent or minimize loss of life or damage to property and/or the environment.

Examples of incidents include

- fire, both structural and wildland
- natural disasters, such as tornadoes, floods, ice storms, or earthquakes
- human and animal disease outbreaks
- search and rescue missions
- hazardous materials incidents
- criminal acts and crime scene investigations
- terrorist incidents, including the use of weapons of mass destruction
- national special security events, such as presidential visits or the Super Bowl
- other planned events, such as parades or demonstrations.

What ICS Is Designed to Do

Designers of the system recognized early that ICS must be interdisciplinary and organizationally flexible to meet the following management challenges:

- meet the needs of incidents of any kind or size
- allow personnel from a variety of agencies to meld rapidly into a common management structure
- provide logistical and administrative support to operational staff
- be cost effective by avoiding duplication of efforts.

ICS consists of procedures for controlling personnel, facilities, equipment, and communications. It is a system designed to be used or applied from the time an incident occurs until the requirement for management and operations no longer exists.

ICS Features

ICS is based on proven management principles, which contribute to the strength and efficiency of the overall system. ICS principles are implemented through a wide range of management features including the use of common terminology, clear text, and a modular organizational structure.

ICS emphasizes effective planning, including management by objectives and reliance on an Incident Action Plan. ICS helps ensure full utilization of all incident resources by

- maintaining a manageable span of control
- establishing pre-designated incident locations and facilities
- implementing resource management practices
- ensuring integrated communications.

Through accountability and mobilization, ICS helps ensure that available resources are on hand and ready.

Finally, ICS supports responders and decision makers by providing the data they need through effective information and intelligence management.

Span of Control

Span of control pertains to the number of individuals or resources that one supervisor can manage effectively during emergency response incidents or special events. Maintaining an effective span of control is particularly important on incidents where safety and accountability are a top priority.

Span of control is the key to effective and efficient incident management. The type of incident, nature of the task, hazards and safety factors, and distances between personnel and resources all influence span of control considerations.

Maintaining adequate span of control throughout the ICS organization is very important.
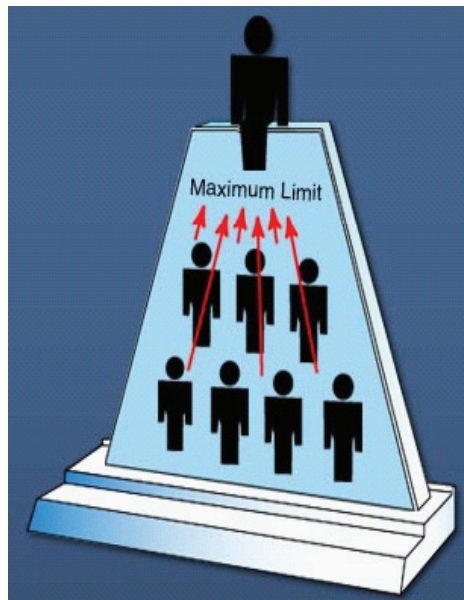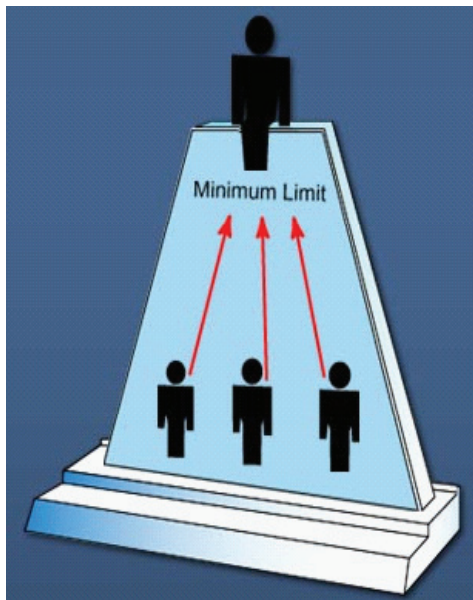
Effective span of control on incidents may vary from three to seven, and a ratio of one supervisor to five reporting elements is recommended.

Command

The ICS features related to command structure include chain of command and unity of command as well as unified command and transfer of command. Formal transfer of command occurs whenever leadership changes.

Chain of Command: Orderly line of authority within management structure.

Unity of Command: Every individual is accountable and reports to only one supervisor.

Single Command: IC has complete responsibility for management.

Unified Command: Shared incident management among all responding agencies or organizations.

Area Command: Management of an incident that expands a large geographic area and has multiple incident management teams.

ICS Management Functions

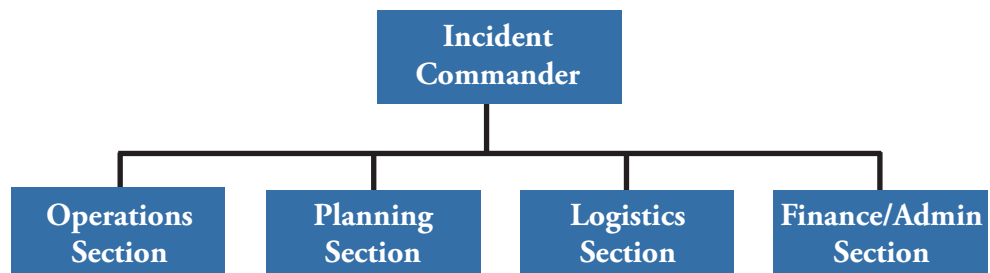There are five major management functions that are the foundation on which the ICS organization develops. These functions apply whether you are handling a routine emergency, organizing for a major non-emergency event, or managing a response to a major disaster. The five major management functions are

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                    ┌──────────────┐
                    │   Incident   │
                    │  Commander   │
                    └──────┬───────┘
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   │ Operations │ │  Planning  │ │  Logistics │ │ Finance/Admin│
   │  Section   │ │  Section   │ │  Section   │ │   Section    │
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1. **Incident Command:** Sets the incident objectives, strategies, and priorities and has overall responsibility at the incident or event.

2. **Operations:** Conducts tactical operations to carry out the plan. Develops the tactical objectives and organization, and directs all tactical resources.

3. **Planning:** Prepares and documents the Incident Action Plan to accomplish the objectives, collects and evaluates information, maintains resource status, and maintains documentation for incident records.

4. **Logistics:** Provides support, resources, and all other services needed to meet the operational objectives.

5. **Finance/Administration:** Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.

When activating ICS, you should only include the functions and positions needed to achieve the incident objectives.

ICS titles are distinct, standardized, and serve three purposes:

1. allows for filling with most qualified persons and not by rank.

2. assists with requesting outside resources to staff these positions.

3. assists with clarifying the activities undertaken by specific personnel.

Incident Commander (IC)

The IC maintains overall responsibility for managing the incident.

This position is the only position that is **always** staffed and has overall responsibility for setting objectives, devising priorities and planning strategies, implementing operational tactics, and ensuring the safety of those involved in the incident response.

Personnel assigned by the Incident Commander have the authority of their assigned positions, regardless of the rank they hold within their respective agencies. However, the IC should be the most qualified and trained person available, regardless of rank, grade, seniority, or educational degree.

The mission of IC position is to organize, direct EOC, and give overall strategic direction for incident management.

Command Staff

Depending upon the size and type of incident or event, it may be necessary for the IC to designate personnel to provide information, safety, and liaison services for the entire organization. In ICS, these personnel make up the Command Staff and consist of the

- **Public Information Officer**, who serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event
- **Safety Officer**, who monitors safety conditions and develops measures for assuring the safety of all assigned personnel
- **Liaison Officer**, who serves as the primary contact for supporting agencies assisting at an incident.
- **Medical/Technical Specialist,** who advises on issues related to emergency response in their area of expertise.

It is important to note that the Command Staff reports directly to the Incident Commander.

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                        │  Commander   │
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┌──────────────────┐          │          ┌──────────────────┐    ┐
│ Public Information│──────────┼──────────│  Safety Officer  │    │
│      Officer      │          │          └──────────────────┘    │   Command Staff: The
└──────────────────┘          │          ┌──────────────────┐    │   command staff provides
┌──────────────────┐          │          │ Medical/Technical│    ├   information, safety, and
│  Liaison Officer │──────────┼──────────│   Specialists    │    │   liaison services for the entire
└──────────────────┘          │          └──────────────────┘    │   organization.
                              │                                   ┘
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ICS Command and General Staff organization chart. Command Staff: The command staff provides information, safety, and liaison services for the entire organization. General Staff: The general staff are assigned functional authority for operations, planning, logistics, and finance/administration. Sections: Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Admin Section Chief.

ICS General Staff

Operations Mission

- develop and implement strategy to carry out objectives
- carry out the plan using defined objectives
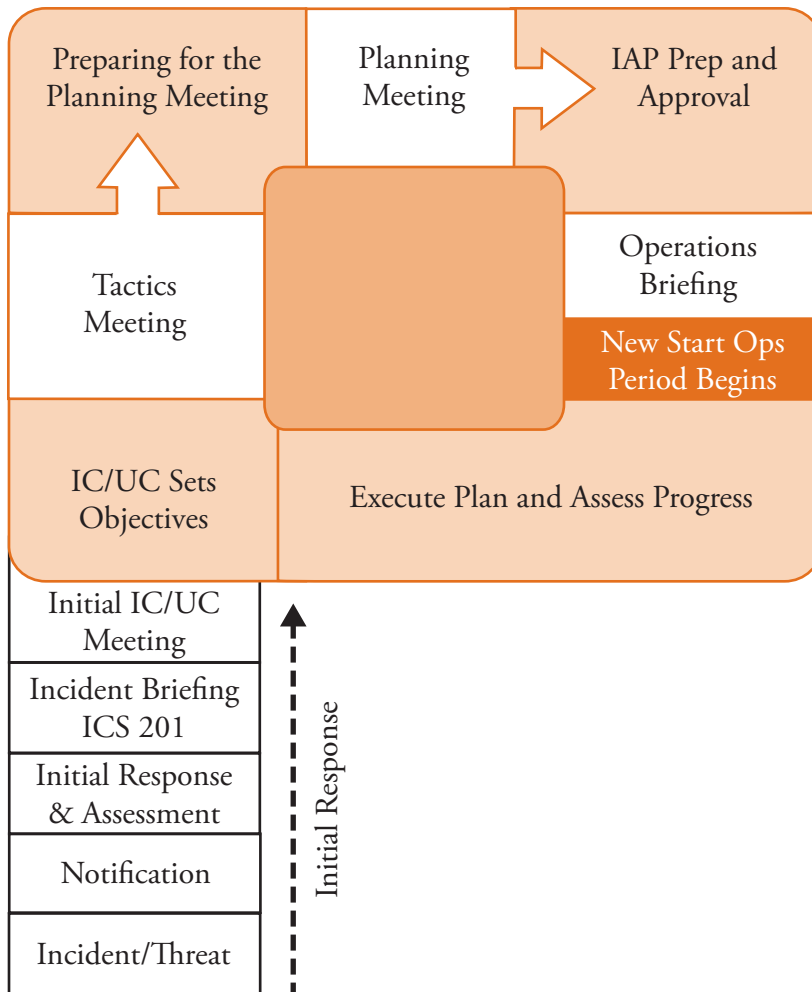- direct all needed tactical resources

Planning Mission

- collect and disseminate incident information to IC
- prepare status reports
- prepare Incident Action Plan (IAP)

Logistics Mission

- organize and direct operations associated with the provision of human resources, material, and service
- oversee acquisition of resources
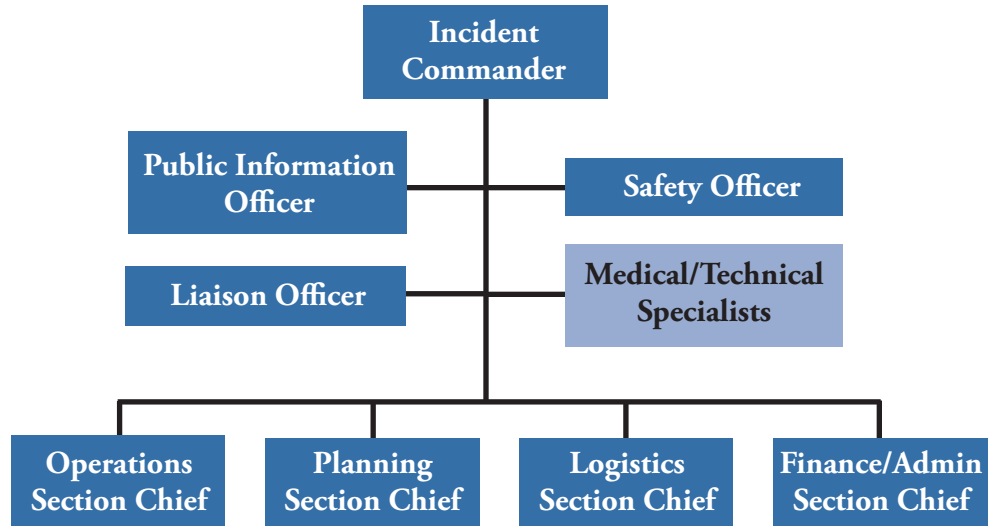- works closely with Operations, Planning, and Liaison Officers

The Planning "P"

Preparing for the Planning Meeting	Planning Meeting	IAP Prep and Approval
Tactics Meeting		Operations Briefing
		New Start Ops Period Begins
IC/UC Sets Objectives	Execute Plan and Assess Progress	

Initial IC/UC Meeting

Incident Briefing ICS 201

Initial Response & Assessment

Notification

Incident/Threat

Initial Response

Finance/Administration Mission

- account for costs
- monitor, track, and report personnel, time, repair, purchase, replacement, and lost revenue

In a healthcare setting another position is considered in command staff: Medical/Technical Specialist(s).

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                        ┌──────────────┐
                        │   Incident   │
                        │  Commander   │
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  ┌──────────────────┐         │         ┌─────────────────┐
  │ Public Information│─────────┤─────────│ Safety Officer  │
  │     Officer       │         │         └─────────────────┘
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  ┌──────────────────┐         │         │ Medical/Technical│
  │  Liaison Officer  │────────┤─────────│   Specialists    │
  └──────────────────┘         │         └─────────────────┘
                               │
     ┌──────────┬──────────────┼──────────────┬──────────┐
┌─────────────┐ ┌─────────────┐ ┌─────────────┐ ┌──────────────┐
│ Operations  │ │  Planning   │ │  Logistics  │ │Finance/Admin │
│Section Chief│ │Section Chief│ │Section Chief│ │ Section Chief│
└─────────────┘ └─────────────┘ └─────────────┘ └──────────────┘
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Job Action Sheets (JAS)

JAS are an incident management tool to familiarize the user with critical aspects of the command position he or she is assuming. The series of action steps are intended to "prompt" the incident management team members to take needed actions related to their roles and responsibilities.

Incident Action Plan (IAP)

At the beginning of an incident, the Incident Commander will develop incident objectives for addressing the event. In small events, the IAP can be communicated verbally. In events where two or more jurisdictions are impacted or the incident is expected to continue into multiple operational periods a more formal, written IAP is considered. In this case, the Incident Commander meets with the Operations Section Chief to develop an operational and strategic plan to address the incident objectives. The written Incident Action Plan is a series of standard forms and supporting documents that convey the directions for the accomplishment of the plan for that operational period.
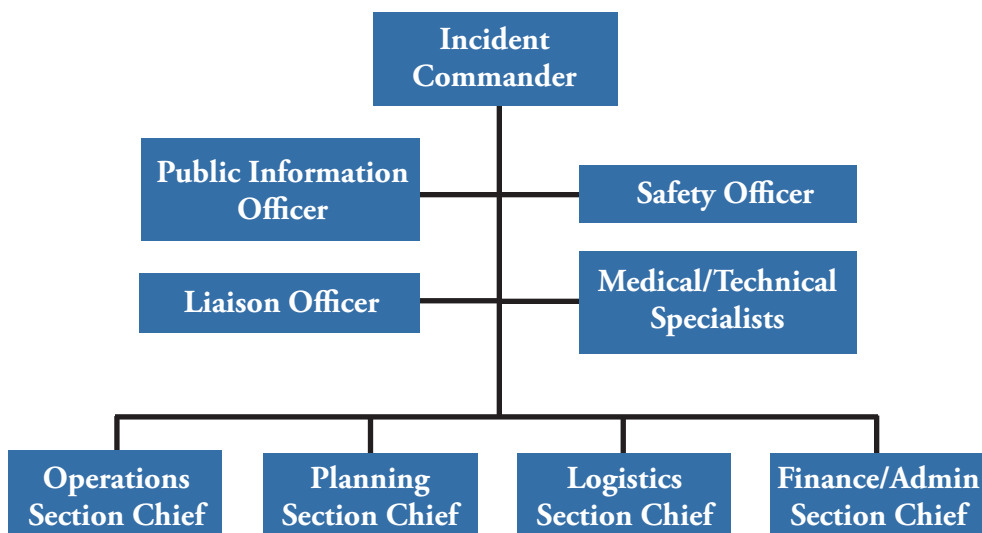
Forms

The incident management forms provides the incident management team with the documents needed to manage a response. Each form has a specific purpose identified at the bottom of the form, and instruction sheets for each form can be printed on reverse side of each form, if desired.

Incident Action Plan forms

- 201—Incident Briefing Form
- 202—Incident Objectives
- 203—Organization Assignment List
- 204—Branch Assignment List
- 205—Incident Communication Plan
- 206—Incident Medical Plan
- Additional information would include safety messages, forecasts, or maps.

Incident Briefing

1. Incident name	2. Date of briefing	3. Time of briefing

4. Event History and Current Actions Summary

5. Current organization

```
                        ┌─────────────┐
                        │  Incident   │
                        │ Commander   │
                        └─────────────┘
  ┌──────────────────┐          │        ┌─────────────┐
  │ Public Information│         │        │Safety Officer│
  │     Officer       │─────────┤        └─────────────┘
  └──────────────────┘          │
  ┌──────────────────┐          │        ┌──────────────────┐
  │  Liaison Officer  │─────────┤        │ Medical/Technical │
  └──────────────────┘          │        │    Specialists    │
                                │        └──────────────────┘
   ┌──────────┬──────────┬──────────┬──────────┐
```

Operations Section Chief	Planning Section Chief	Logistics Section Chief	Finance/Admin Section Chief

Activity: Practice using ICS

Notes

"Morgan Stanley took a close look at its operation, analyzed the potential disaster risk and developed a multi-faceted disaster plan. Perhaps just as importantly, it practiced the plan frequently to provide for employee safety in the event of another disaster.

— Ready Business; www.ready.gov

Supply Lists

Emergency Go-Kit for Home

- ☐ Water—preferably several small packets
- ☐ Food
- ☐ Small First Aid kit
- ☐ AM/FM radio
- ☐ Flashlight
- ☐ Lightsticks
- ☐ Whistle
- ☐ Comfortable/sturdy shoes
- ☐ Clothes (several light layers pack better than bulky items)
- ☐ Garbage bags/plastic bags
- ☐ Duct tape
- ☐ Towelettes, toilet paper, feminine hygiene supplies
- ☐ Deck of cards, book, coloring books/crayons for kids, or other items to pass the time
- ☐ Face masks/dust masks/bandana or cloth to cover your face
- ☐ Pocket knife/utility knife/scissors
- ☐ Copies of important papers/documents (picture ID, birth certificates, credit cards, insurance policies, out-of-area contact information, and list of important contacts)
- ☐ Cash and coins (cash in case ATMs and credits cards do not work; coin for pay phones)
- ☐ Prepaid phone card
- ☐ Pen and paper
- ☐ Personal support items: eye glasses, medications, hearing aid and battery, etc.
- ☐ For people with limited English proficiency: dual-language dictionary, contact information for bilingual friends and supporters, and translated emergency information for sharing with emergency personnel

Additional Supplies for Home

☐ Extra food and water

☐ Wrench, screwdriver, hammer, pliers, multi-tool

☐ Manual can opener

☐ Plastic sheeting

☐ Map (including evacuation routes marked on it from your local area)

Emergency Supplies You Can Carry on You

☐ Cash and coins

☐ Whistle (on key chain)

☐ LED flashlight (on key chain)

☐ Cell phone (program ICE—in case of emergency number)

☐ Bandana/handkerchief

☐ Pen and paper

☐ Marker

☐ Extra cell phone battery (charged)

☐ Tissues

☐ Medication and medical information

☐ Critical phone numbers (on paper)

☐ Water bottle

☐ Pocketknife

☐ Hand sanitizer

☐ Ziploc bags

☐ Computer jump drive (key chain)

☐ Pocket First Aid kit

Car Emergency Kit

☐ Car title and insurance documents

☐ Cell phone car charger

☐ Jack, spare tire, crowbar, reflectors

☐ Road emergency kit

☐ Maps

- [ ] Cash and coins
- [ ] First Aid kit
- [ ] Change of clothes (including sturdy shoes)
- [ ] Important phone numbers
- [ ] Mylar blankets
- [ ] Ziploc bags
- [ ] Water and food
- [ ] Gloves
- [ ] Medication and medical information
- [ ] Hidden spare car key
- [ ] Road assistance service (OnStar, AAA)
- [ ] Reflective vest
- [ ] Hard hat
- [ ] GPS
- [ ] Agency Go-Kit

Emergency Supplies to Keep at Work

- [ ] Water and food
- [ ] Tissues
- [ ] Phone list
- [ ] Hand sanitizer
- [ ] Agency Go-Kit
- [ ] Map of neighborhood

Pet Go-Kit

- [ ] Pet First Aid kit and guide book
- [ ] Three to seven days' worth of canned (pop-top) or dry food (be sure to rotate every two months)
- [ ] Disposable litter trays (aluminum roasting pans are perfect)
- [ ] Litter or paper toweling
- [ ] Liquid dish soap and disinfectant
- [ ] Disposable garbage bags for clean-up

- [ ] Pet feeding dishes
- [ ] Extra harness and leash (Note: harnesses are recommended for safety and security)
- [ ] Photocopies of medical records and a waterproof container with a two week supply of any medicine your pet requires
- [ ] Bottled water, at least seven days' worth for each person and pet (store in a cool, dry place and replace as recommended)
- [ ] A traveling bag, crate, or sturdy carrier, ideally one for each pet
- [ ] Flashlight
- [ ] Blanket (for scooping up a fearful pet)
- [ ] Recent photos of your pets (in case you are separated and need to make "Lost" posters)
- [ ] Especially for cats: Pillowcase or EvackSack, toys, scoopable litter
- [ ] Especially for dogs: Long leash and yard stake, toys and chew toys, a week's worth of cage liner

Facility Damage Assessment Form

Date/Time	Locations/Address	
Communications systems	Operational status	Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.)
Telephone system	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	Able to make internal calls ☐ Yes ☐ No external calls ☐ Yes ☐ No long distance ☐ Yes ☐ No
Email	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Internet	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Fax	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Nurse call system	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Paging/public address system	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Two-way handheld radios	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Satellite phones	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

Communications systems	Operational status	Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.)
800 MHz radio	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Other communication systems (specify)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

Infrastructure systems	Operational status	Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.)
Electrical power	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	Building wiring Neighborhood grid
Back-up generator	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	Type of fuel _____ Number of hours of fuel left running at current rate _____
Water	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Sewer	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Natural gas (*if gas odor, turn off gas immediately*)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Oxygen	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	(reserve supply status)

Infrastructure systems	Operational status	Comments (If not fully operational/functional, give reason and estimated time/resources for necessary repairs.)
Campus roadways/ roads to access facility	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Fire detection/ suppression system	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Laundry/linen service equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Building structure	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Security/door lockdown systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Elevators/escalators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Heating, ventilation, and air conditioning (HVAC)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Kitchen/food storage facilities	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Other (specify)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

Completed by _____

City Emergency Management Contact Information

Please note: Phone numbers are the main contact number. Emergency management phone numbers are for non emergencies. Connect with your local emergency management agency to find out how to contact them 24/7 during an emergency.

Algona	Phone	253.833.2897
	Emergency management	253.833.2897
	www.cityofalgona.com	
Auburn	Phone	253.876.1925
	Emergency management	253.876.1909
	www.ci.auburn.wa.us	
	www.ci.auburn.wa.us/emergency_prep	
Beaux Arts	Phone	425.454.8580
	Fax	425.688.1786
	Emergency management	425.454.8580
	www.beauxarts-wa.gov	
Bellevue	Phone	425.452.6800
	Emergency management	425.452.7923
	www.bellevuewa.gov	
	www.ci.bellevue.wa.us/emergency_preparedness.htm	
Black Diamond	Phone	253.886.2560
	Emergency management	253.886.2560
	www.cityofblackdiamond.com	
Bothell	Phone	425.486.3256
	Fax	425.486.2434
	Emergency management	425.486.1678
	www.ci.bothell.wa.us	

Burien	Phone	206.241.4647
	Fax	206.248.5539
	Emergency management	206.241.4647
	www.ci.burien.wa.us	
	www.burienwa.gov/news/emergency.htm	
Carnation	Phone	425.433.4192
	Fax	425.333.4336
	Emergency management	425.333.4192
	www.ci.carnation.wa.us	
Clyde Hill	Phone	425.453.7800
	Fax	425.4621936
	Emergency management	
	www.clydehill.org	
Covington	Phone	253.638.1110
	Fax	253.638.1122
	Emergency management	253.638.1110
	www.ci.covington.wa.us	
Des Moines	Phone	206.878.4595
	Fax	206.870.6540
	Emergency management	206.878.4595
	www.desmoineswa.gov	
Duvall	Phone	425.788.1185
	Fax	425.788.8097
	Emergency management	425.788.1185
	www.cityofduvall.com	

Enumclaw	Phone	360.825.3591
	Emergency management	360.825.5544
	www.ci.enumclaw.wa.us	
Federal Way	Phone	253.835.7000
	Fax	253.835.2409
	Emergency Management	253.835.2701
	www.cityoffederalway.com	
Issaquah	Phone	425.837.3000
	Fax	425.837.3009
	Emergency Management	425.837.3400
	www.ci.issaquah.wa.us	
Kenmore	Phone	425.398.8900
	Fax	425.481.3236
	www.cityofkenmore.com	
Kent	Phone	253.856.5200
	Emergency management	253.856.4440
	www.ci.kent.wa.us	
Kirkland	Phone	425.587.3000
	Emergency management	425.587.3650
	www.ci.kirkland.wa.us	
Lake Forest Park	Phone	206.368.5440
	Emergency management	206.368.5440
	www.cityoflfp.com	
Maple Valley	Phone	425.413.8800
	Fax	425.413.4282
	Emergency management	425.413.8800
	www.ci.maple-valley.wa.us	

Medina	Phone	425.233.6400
	Fax	425.454.8490
	Emergency management	425.454.9222
	www.medina-wa.gov	

Mercer Island	Phone	206.275.7600
	Fax	206.275.7663
	Emergency management	206.236.3576
	www.ci.mercer-island.wa.us	

Milton	Phone	253.922.8733
	Emergency management	253.922.0944
	www.cityofmilton.net	
	www.cityofmilton.net/page.php?id=65	

Newcastle	Phone	425.649.4444
	Fax	425.649.4363
	Emergency management	425.649.4444
	www.ci.newcastle.wa.us	

Normandy Park	Phone	206.248.7603
	Fax	206.439.8674
	Emergency management	206.248.7603
	www.ci.normandy-park.wa.us	

North Bend	Phone	425.888.1211
	Emergency management	425.888.1211
	www.ci.north-bend.wa.us	

Pacific	Phone	253.929.1100
	Emergency management	253.929.1110
	wwwcityofpacific.com	

Redmond	Phone	425.556.2900
	Emergency management	425.556.2130
	www.ci.redmond.wa.us	
Renton	Phone	425.430.6400
	Emergency management	425.430.7000
	www.rentonwa.gov	
Sammamish	Phone	425.295.0500
	Fax	425.295.0600
	Emergency management	425.898.0660
	www.ci.sammamish.wa.us	
SeaTac	Phone	206.973.4800
	Emergency management	206.973.4500
	www.ci.seatac.wa.us	
Seattle	Phone	206.684.2489
	Emergency management	206.233.5076
	www.seattle.gov	
Shoreline	Phone	206.546.1700
	Fax	206.546.7868
	Emergency management	206.546.1700
	www.cityofshoreline.com	
Skykomish	Phone	360.677.2388
	Fax	360.677.2407
	Emergency management	206.677.2388
	www.town.skykomish.wa.us	

Snoqualmie	Phone	425.888.1555
	Fax	425.831.6041
	Emergency management	425.888.5911
	www.ci.snoqualmie.wa.us	
Tukwila	Phone	206.433.1800
	Fax	206.433.1833
	Emergency management	425.433.0179
	www.ci.tukwila.wa.us	
Woodinville	Phone	425.489.2700
	Emergency management	425.489.2700
	www.ci.woodinville.wa.us	
Yarrow Point	Phone	425.454.6994
	Fax	425.454.7899
	Emergency management	425.454.6994
	www.ci.yarrow-point.wa.us	

King County Healthcare Coalition Staff Contact List

Behavioral Health Planning
Michelle McDaniel
206.263.8712
Michelle.McDaniel@kingcounty.gov

Alternate Care Facilities
Bryan Heartsfield
206.263.8716
Bryan.Heartsfield@kingcounty.gov

Ambulatory Care Liaison
Position Currently Vacant

Call Center Coordination
Joe Cropley
206.517.2383
cropley@wapc.org

Coalition Program Manager
Cynthia Dold
206.263.8715
Cynthia.dold@kingcounty.gov

Coalition Program Assistant
Que Mathis
206.263.8713
Que.Mathis@kingcounty.gov

Coalition Special Projects Manager
Onora Lien
206.263.8717
Onora.Lien@kingcounty.gov

Critical Care Planning
Lewis Rubinson, MD
206.263.8716
rubinson@u.washington.edu

Grant and Contracts
Lydia Ortega
206.263.8721
Lydia.Ortega@kingcounty.gov

Training and Exercises Coordinator
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Danica.mann@overlakehospital.org

Infectious Disease Group
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206.263.8171
Jeff.duchin@kingcounty.gov

Legal Workgroup

Amy Eiden

206.296.9015

amy.eiden@kingcounty.gov

Long Term Care and Home Health

Carlos Dominguez

206.263.8710

Carlos.Dominguez@kingcounty.gov

Medical Directors Committee

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206.263.8171

Jeff.duchin@kingcounty.gov

Palliative Care Workgroup

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Pediatric Workgroup

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Kathryn.Koelemay@kingcounty.gov

Regional Medical Resource Center

Allison Schletzbaum

206.744.6213

aschletz@u.washington.edu

Volunteer Management System

Bryan Heartsfield

206.263.8716

Bryan.Heartsfield@kingcounty.gov

"When your disaster plans protect and serve the most vulnerable in your community, all people are better positioned to survive, thrive and prosper.

— Âna-Marie Jones, Collaborating Agencies Responding to Disasters (CARD)

[This page is a placeholder for organizational community maps.]

"Things were very different this time around, but in the gridlock I still made the most of the little time we had before the storm hit. Having an emergency preparedness plan helps you focus your priorities and helps you know what you need to be doing with the limited time you have in any situation.

— Sandy Whann, President
Leidenheimer Baking Company

Business Resiliency Workshop CD-ROM

Table of Contents

- King County Healthcare Coalition Business Resiliency Workshop Participant Manual
- King County Healthcare Coalition Business Resiliency Workbook
- Developing a Communication Plan
- Mapping Your Community Resources
- King County Healthcare Coalition
- Public Health - Seattle & King County
- Collaborating Agencies Responding to Disaster (CARD)
- CARD Agency Emergency Preparedness Tools and Signage

Workplace Preparedness

- American Red Cross Workplace Preparedness
- Tualatin Valley Fire and Rescue Emergency Preparedness
- Resources for Businesses
- FEMA Emergency Management Guide for Business and Industry
- Institute for Business & Home Safety Open for Business
- OSHA Principal Emergency Response and Preparedness
- Small Business Administration Disaster Preparedness
- Washington State Emergency Management Division

Pandemic Flu Planning

- Pandemic Flu Checklists, Toolkit, and Guidelines for Healthcare Providers and Service Organizations

Facility Preparedness/Non-Structural Mitigation

- Tualatin Valley Fire and Rescue Non-Structural Mitigation Worksheet
- CARD Workplace Hazard Mitigation Checklist

Incident Command System

- FEMA Online Course ICS 100
- FEMA Online Course ICS 200

Personal and Family Preparedness

- Children's Hospital & Regional Medical Center: Creating a Care Plan for Your Child with Special Needs

- 4 Steps to Prepare Your Family for Disasters

- Public Health - Seattle & King County Preparedness: Information and Resources

Planning for Pets

- American Red Cross Pets and Disaster: Be Prepared

- American Society for the Prevention of Cruelty to Animals Disaster Preparedness

- Humane Society of the United States Disaster Center

"Trained, coordinated and united local agencies are the best and often the only support available for people with special needs in times of emergency.

— Âna-Marie Jones, Collaborating Agencies Responding to Disasters (CARD)

The following are segments taken from various Emergency Operation Plans. These sections were chosen in order to give your organization a look at what other non-hospital healthcare providers have created.

I. Introduction and Mission

This plan is intended to provide basic information for staff to respond to a disaster or emergency situation and to minimize the adverse impact of such event on _____'s occupants and property.

It is understandable that in a larger scale emergency, a major concern of staff will be the safety and welfare of family members. Staff is encouraged to setup their own family or home emergency plan. This increases the likelihood that staff and their families can cope with the emergency more effectively.

The onset of disasters and emergencies are often sudden, and create situations that are dynamic and fluid. This plan should be viewed as a general guideline rather than a "hard-and-fast" rule in disaster/emergency mitigation. In the midst of an emergency situation, you would need to rely heavily on common sense and the general principles outlined in this plan. Therefore, it is important for you to be familiar with this plan, especially your role and responsibilities in the event of a disaster.

In the event of an emergency situation, staff is expected to remain in their post until the staff of the following shift report to work. Depending on the situation, off-shift staff that is on site might be asked to extend their work hours to provide support and assistance. All department managers are to report to the facility as soon as feasible to assist in the operation of the facility. Under safe circumstances, staff should strive to report to work as scheduled. In the event the incident is severe enough to affect normal staffing level, the affected department should activate its respective emergency plan in respond to the situation.

IV. Assignment of Duties of Key Personnel in the Event of an External Disaster (Person-in-charge)

A. The person-in-charge is the one present in the facility at the time of the disaster that is highest on this list.

- Administrator/Executive Director
- Director of Nursing Services
- Day Shift Charge Nurse
- Evening Shift Charge Nurse
- Night Shift Charge Nurse
- Environmental Supervisor

Responsibilities

1. Contact the Administrator if the facility received directive from the state or federal government to provide temporary shelter and emergency medical services for members of the community. If unable to reach him/her, the person in charge should call down the following list until reaching someone.

   - Director of Nursing Services
   - Director of Social Services
   - Medical Director
   - Environment Supervisor

2. Direct tallying of all empty beds and identify locations in the facility that could serve as temporary shelter for members in the community.

3. Estimate _____'s capacity in providing temporary shelter and the kind (e.g., level of medical severity) of patients that it is able to serve.

4. Coordinate the preparation and setup of such area to serve community members.

5. If the disaster has destroyed communications lines but the roads and general situation are deemed safe, make contact with the personnel listed above by sending someone out. If all types of communication are impossible, assume the responsibilities of the Administrator (duties as listed below), until he or she arrives and delegates the crucial responsibilities to available hands.

B. Executive Director/Administrator

Responsibilities

1. In any external disaster that might put the facility in the position of providing temporary shelter and emergency medical care to the public, the administrator is to report to the facility immediately, whether notified or not by anyone at the facility.

2. Upon reporting to the facility, in consultation with the Medical Director and the Director of Nursing Services, assess facility's capacity for providing the requested services.

3. Make preliminary inspection of the facility to assess damage that the facility might have sustained.

4. Direct and oversee the procurement, distribution, and utilization of emergency supplies and act as spokesperson for the facility.

5. Coordinate the efforts of each department in providing care during the emergency or disaster.

Station: Administrator's office or other location as needed.

C. Director of Nursing Services

Responsibilities

1. In an external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical assistance to the public, the Director of Nursing Services is to report to the facility immediately whether notified or not by anyone in the facility. The Director of Nursing Services should contact the Medical Director and nursing staff to ensure the facility has adequate medical and nursing coverage, if possible.

2. Upon reporting to the facility, assess the staffing and supplies necessary to provide first aid and emergency medical assistance.

3. Coordinate nursing staff to provide emergency services as needed.

4. Act as liaison between _____ and outside medical personnel and facilities.

5. Assign priorities in the provision of medical assistance to casualties and ensure that appropriate emergency aid is being provided to casualties.

6. Be the "person-in-charge" of the facility during the absence of the Administrator.

Station: DNS office or other location as needed.

D. Medical Director

Responsibilities

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Medical Director is to report to the facility immediately, whether or not notified by anyone at the facility, and to summon other physicians who might be available to provide assistance. If the Medical Director is involved in providing emergency services elsewhere, he should stay in contact with the facility, if possible.

2. Upon reporting to the facility, consult with the Administrator and the Director of Nursing Services on the numbers and types of injured to be admitted; supervise medical and nursing treatment of patients. Provide guidance to the Director of nursing and physicians as needed.

3. Inform Administrator of the projected medical, nursing, and related needs and arrange for emergency supply of medications.

4. Serve as the liaison person between _____ and other health care institutions where necessary.

5. Ensure priorities in the provision of medical assistance are accurately assigned.

6. Provide direct medical assistance as needed.

Station: Any location in the facility as needed.

E. All Other Nursing Personnel

1. In any external disaster that might put the facility in the position of providing temporary shelter and medical assistance to the public, report to the facility immediately whether or not notified by any one at the facility.

2. Follow the instructions of the Medical Director, other physicians, the

Director of Nursing Services in rendering medical assistance, such as First Aid, to the injured.

3. Maintain a calm demeanor.

4. Ensure that there is identification (e.g., wristband or other written identification) on each person transferred into or out of the nursing facility and that medical records accompanies the residents who need to be evacuated. If the individual's name is not known, use an alternative method such as numbering.

5. Unless instructed otherwise, assume the duties and responsibilities typically associated with your position.

Station: As assigned by Director of Nursing Services.

F. Director of Finance/Business Manager

Responsibilities

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Director of Finance/Business Manager should report to the facility immediately, whether notified or not. The Director of Finance/ Business Manger should contact his or her staff to report to the facility to render assistance.

2. Upon reporting to the facility, work with the Medical Records/Ward Clerk, Director of Social Services, and business office staff to assemble a master list of incoming patients. Coordinate the supply and distribution of forms, papers, and stationary.

3. Assist the Administrator in the coordination of key personnel, communicating directives, and information among key personnel as needed.

4. Under the direction of the Administrator, make duty assignment to non-nursing and volunteer personnel.

5. In the event of an evacuation, work with the Medical Records/ Ward Clerk to compile a master list of residents (with identifying information) who need to be discharged.

Station: Admission area or other location as needed.

G. Medical Records/Ward Clerk

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, Medical Record/Ward Clerk is to report to the facility immediately, whether or not anyone from the facility has contacted them.

2. Work with the Business Manager in carrying out Business Manager responsibilities 2 and 5 (previous section).

3. Assist in identifying residents that are to be transferred out of the facility and to ensure they have the necessary paperwork and records with them.

4. Perform duties as assigned by the Medical Director or Director of Nursing Services.

Station: Admission area and other location as needed.

H. Dietary Manager

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Dietary Manager is to report to the facility immediately, whether or not anyone from the facility has contacted him or her. The Dietary Manager should contact the dietary staff to report to the facility.

2. Upon reporting to the facility, assess the food supply situation and consult with the Administrator regarding any shortage or special need.

3. Supervise the preparation and service of food and drinks for residents and staff.

4. If water contamination is suspected, purify water for drinking and First Aid use. Contact U.S. Food Services (206.XXX.XXXX) for delivery of bottled water.

5. If the disaster involves the loss of electrical power or water damage in food storage areas, check food and supplies for spoilage before use. Do not use goods that have come in contact with floodwater.

6. Set priority for food usage when supply is limited. In general, food should be served first to the residents then to personnel performing physically demanding tasks.

7. If the Dietary Department is not able to provide food services for the occupants, inform the Administrator.

Station: Kitchen or other location as needed.

I. Environmental Supervisor

Responsibilities

1. In an external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Environmental Supervisor is to report to the facility immediately, whether or not notified by any one at the facility. The Environmental Supervisor should contact housekeeping, maintenance, and laundry staff to report to the facility.

2. Upon reporting, begin assessment of the building condition, emergency generator, power and telephone lines, gas and water mains, and equipment to determine safety and determine if precautionary measures are necessary.

3. Notify utility companies of power outages, if possible.

4. Take necessary steps to maintain or repair vital equipment. Oversee building safety.

5. Keep the Administrator and DNS informed of the safety and operational status of the facility.

6. Deliver bottled water to the area designated by Administrator.

Stations: Maintenance office and other locations as needed.

J. Housekeeping and Maintenance Staff

Responsibilities

1. All housekeeping staff are to report to the facility as soon as being contacted by the Environmental Supervisor.

2. Upon reporting to the facility, assist in the cleaning up debris; health and safety hazard.

3. Assist in the moving of residents' beds and equipment under the direction of nursing staff. Assist in setting up of emergency quarters and beddings as needed.

4. Assist in obtaining and distributing supplies, bedding, and other necessary provisions.

5. Pick up and dispose of refuse.

Station: Throughout facility as directed by the Administrator and persons in charge of outside assistance.

K. Laundry Staff

Responsibilities

1. All laundry staff should report to the facility as soon they are contacted by the Environmental Supervisor.

2. Upon reporting to the facility, assist in the distribution of supplies or perform other duties under the direction of the Environmental Supervisor.

3. Process laundry if feasible.

Station: Laundry room and other locations as required.

L. Activity Director/Staff

Responsibilities

1. In an external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Activity Director is to report to the facility immediately, whether or not notified by anyone at the facility.

2. Coordinate or provide services to meet the social, emotional, and spiritual needs of the residents. Request clergy to be at the facility as needed.

3. Assist Ward Clerk and social service staff to notify residents' families or representatives of the residents' condition and place of discharge as indicated.

4. Perform duties as instructed by the person-in-charge.

Station: Activity Room and other location as needed.

M. Director of Social Services/Staff

Responsibilities

1. In any external disaster that might put the facility in the position of temporarily sheltering and providing emergency medical care to the public, the Director of Social Services is to report to the facility immediately, whether or not notified by anyone at the facility.

2. Work with Medical Records/Ward Clerk and Director of Finance/Business Manager in coordinating plans for notifying residents' families or representatives of residents' conditions and discharge destination as indicated.

3. Provide crisis intervention and supportive counseling as needed.

Station: Social Services office or as required to perform duties.

V. Role of Volunteers

_____ cherishes the contribution of volunteers to the well-being of the residents. Depending on the needs, _____ will contact volunteers to assist in providing support to the operation.

_____ will consider enlisting the help of volunteers in the following areas in an emergency:

- feed residents
- debris removal
- cleaning
- spiritual supportive
- other assignment as appropriate

- reception
- data entry
- accompanying residents
- transport/pick up supplies
- facilitate activities

Consistent with state regulations, individuals volunteering at _____ must pass the state background check requirement. Proper training will be provided unless the volunteer has the required credentials for the tasks.

Emergency Plan Activation

When an emergency situation arises, the Chief Executive Officer or designee should activate the Plan. The Incident Commander will implement the Incident Command Plan. _____ personnel and equipment will be utilized to provide priority protection for

- life safety
- preservation of property
- restoration of services and business operations.

The manner in which _____ personnel and equipment will be used will be determined by the Plan under the direction of the Chief Executive Officer or Incident Commander.

The Chief Executive Officer or Incident Commander will immediately appoint available individuals, with appropriate skills, to fill each of the Emergency Operations Center positions: Operations, Planning, Logistics, and Finance.

The Chief Executive Officer or designee will be responsible for notifying the Incident Commander to deactivate the emergency operations response when s/he deems it appropriate.

Activation During Business Hours

When an emergency situation such as those envisioned by the Plan occurs during agency business hours, the following should take place:

If Telephone Services Are Operational

The IT Director or designee will

- Notify the Chief Executive Officer and advise of the emergency situation.
- The Chief Executive Officer or designee will notify EOC personnel and advise them where to report.

If Telephone Services Are Not Operational

_____ management personnel will make personal contact with EOC members or their office, where possible.

As they become aware of a major emergency situation at _____ , EOC personnel will immediately report to the EOC.

Activation During Non-working Hours

There is a significant chance that an emergency situation such as those envisioned by the Plan may occur before or after regular agency business hours, or on a holiday or weekend when the agency is closed.

While the structure of this plan remains precisely the same, its implementation may vary depending upon available resources and staff. The personnel assuming the most responsibility will be members assigned to the Emergency Operations Center located at the agency's Main site.

EOC Location

In accordance with standard emergency management system planning, _____ has established the Emergency Operations Center (EOC) in the Board Room of the Main site. The _____ site has been designated as an alternate EOC site. As outlined in this plan, the EOC will serve as the center for emergency management and response operations.

Sample EOC Equipment List

1. Cellular phone

2. Telephones: handsets, lines, switchboard

3. Fax machine

4. Copy machine

5. Public address system

6. Television/VCR

7. Weather radio

8. Computer terminals

9. Surge protectors

10. Lap top computer

11. Tables and chairs

12. Markers and display boards

13. Overhead with screen

14. Flip chart easel and pad

15. Bulletin boards

16. Reference materials (blueprints, maps, etc.)

17. Walkie-Talkie

18. First Aid kit

20. Bottled water

21. Materials/supplies to make identification cards., (e.g., pens, pads, tape)

22. Miscellaneous office supplies (e.g., staplers, staples, staple pullers, envelopes of various sizes, paper clips, push pins, masking/scotch tape, pencils, pens assorted colors, assorted rubber bands, binders, writing pads, note pads).

Employee Emergency Contact (Confidential)

Employee Name _____

Address _____

DOB _____ Home Phone _____

Cell Phone _____ Other Phone _____

The marked phone numbers can be used in the telephone tree:

☐ Home   ☐ Cell   ☐ Other

If applicable, please list any **medical conditions** that may assist us in case of an emergency (Note: This information does not need to be disclosed.):

_____

_____

_____

In case of an emergency, please contact

Name _____ Phone _____

Relationship _____ Cell _____

Message _____

Name _____ Phone _____

Relationship _____ Cell _____

Message _____

Name _____ Phone _____

Relationship _____ Cell _____

Message _____

This form shall be completed at time of hire and updated annually. If any changes occur before the annual update, I will update my information and submit to Human Resources.

_____
Employee Signature   *Social Security Number*   *Date*

Utility Shut Offs

Natural Gas

_____ is supplied with natural gas. The main gas valve is located adjacent to the garage entrance on the northeast corner of the building.

Electrical

The main electrical disconnect switch for the building is located on the main transformer in Health Center electrical vault.

Water

The main water shut-off valve for the building is located in the ceiling of the housekeeper's Supply Room on Garage Level.

Sprinklers

The main sprinkler shut-off is located in the valve room on Garage Level.

Steam

The main steam shut-off valve is located above the false ceiling in the Resident's Laundry Room on Garage Level.

Telephone Equipment

Located in the phone room on Health Center Level.

Emergency Generator

The emergency generator is located in the parking garage one level below Garage Level. Access can be made by using the west garage stairwell leading to the garden area.

In the event of a power failure, emergency power is provided by a diesel powered generator. The generator is capable of a rated output of 102 KW.

Emergency power is supplied to

- all exit and stairwell lights
- all corridor lights
- certain service room lights

- phone system
- damper motors
- passenger elevators 1, 2, and 4
- gire alarm systems.

The emergency generator is activated automatically upon a power failure.

Instructions on Getting Water from the Hot Water Tank

Caution: Water coming out from the hot water tanks could be very **hot** and may cause injury.

a. **Type and Model: Rheem Budd 119 Gallon Commercial Booster Water Heater**

　1.　Identifying information and characteristics

　　• The water heater is located at the far corner of the laundry-machine room.

　　• On the wall just next to the boiler, there is an 8″x16″ Cutler-Harmer Safety Switch.

　　• On the boiler there is a 2″x7″ yellow tag which is attached on the temperature-pressure relief valve.

　　• Attached to the tank (near the bottom), there is a faucet which you can attach a garden hose to it.

　2.　Getting water from the water tank

　　• Move the handle of the Cutler-Harmer Safety Switch to the "off" position.

　　• Attach one end of a clean hose to the water faucet.

　　• Put the other end of the water hose inside a clean bucket or water container.

　　• To release and control the flow of water from the hot water tank, turn the knob of the faucet counter-clockwise (you may need a screw driver
or a pliers to do it).

　　• Water should start coming out from the faucet.

　　• To allow the water to run freely, open the temperature-pressure relief valve by moving the silver color metal switch to a horizontal position.

b. **Type and Model: The LAARs 200 Gallon and the Bradford White 119 Gallon Hot Water Tanks**

　1.　Identifying information and characteristics

　　• The LAARs and the Bradford White water tanks are both located

inside the mechanical room. They are both white colored and in cylindrical shape.

- On each of the hot water tanks, there is a 2″x7″ yellow tag attached to its temperature-pressure relief valve.

- On the LAARs hot water tank, there is a faucet attached to the tank 8″ above ground.

- On the Bradford White hot water tank, there is a faucet attached to the tank 18″ above ground facing a red colored pump.

- Identify the Thermal Solutions Evolution boiler inside the same room and locate the on/off switch at its front and the two on/off switches at its back.

- Identify the Patterson Kelley boilers inside the same room and locate one on/off switch at its front and one on/off switch at its back. Also locate the two on/off switches on its right next to a green colored pump.

- Please notice that the two boilers and the two hot tanks are connected and operated as one system.

2. Getting water from the water tanks

- Move all the switches mentioned above to their "off" positions (that will shut down the power to the boilers and the pumps).

- Attach one end of a clean hose to the water faucet of the tank you choose.

- Put the other end of the water hose inside a clean bucket or water container.

- To release and control the flow of water from the hot water tank, turn the knob of the faucet counter-clockwise (you may need a screw driver or a pair of pliers to do it).

- Water should start coming out from the faucet.

- To allow the water to run freely, open the temperature-pressure relief valve by moving the silver color metal switch to a horizontal position.

Heat Loss During Cold Weather

Procedure

In the event of a loss of steam from the utility source (Seattle Steam), portable electric heaters will be used to heat the building. An emergency on-site diesel generator runs the fire and life safety systems in the event of a power outage.

Should the steam heating system fail and temperatures inside the building fall to less than 60 degrees, emergency action will be required to protect frail residents.

Notify Executive Director of emergency and current status.

Health Center

Option 1. Keep residents in bed as much as possible and use extra blankets.

Option 2. Isolate a portion of the Health Center floor and use electric space heaters to maintain a minimum temperature.

- Residents can be gathered in the Health Center dining room and the area around the Nursing Station.
- Close the hallway fire doors and room doors to limit the size of the space and the exposure to the glass windows.
- Use space heaters in those areas. These heaters are stored with other disaster equipment in the Maintenance Mechanical Room located on the Garage Level.

Extra blankets and bedspreads shall be supplied to resident to provide additional protection.

Electric oil filled radiators shall be available for use to provide additional warmth to the facility. They shall be used primarily in common areas of the facility, such as the dining room, and staff members shall congregate the residents into those areas common areas. While these radiators are in use, staff will check on residents every half hour to ensure that they are safe and that the radiators are not presenting any safety risk to the residents.

Assisted Living Residents

Option 1. Call family members to ask if they have heat and can take the resident to their home. The Assisted Living Nurse or the Nurse on Duty will keep a log of those leaving the building, where they are going, and a phone number to reach them.
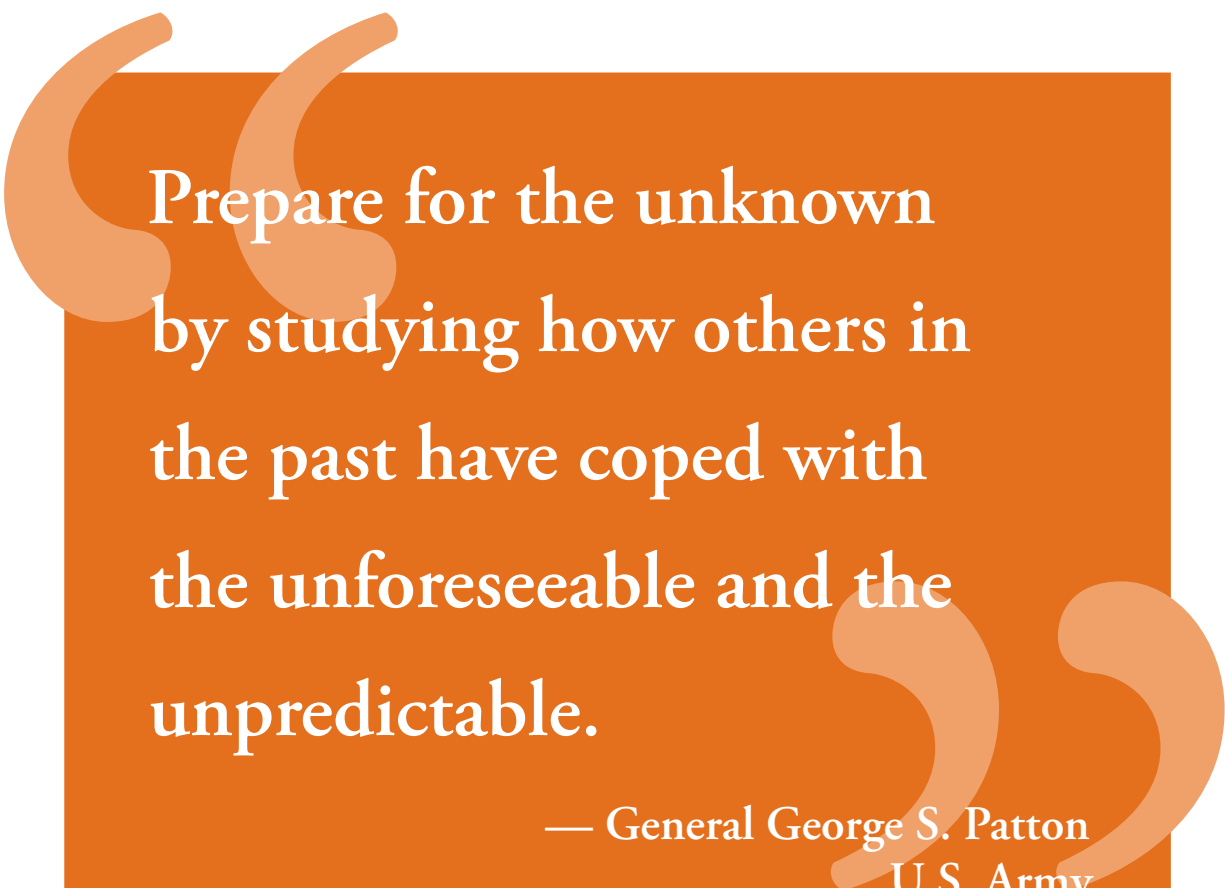
Option 2. Isolate the fourth floor dining room and utilize space heaters to maintain a minimum temperature.

Residential Residents

A Public Address System announcement will be made explaining the situation. They will be asked to make their own individual arrangements and to notify the Front Desk if they are leaving the building overnight.

Control Officer

Monday–Friday (days)　　　　Director of Maintenance

All other times　　　　　　　Maintenance/Weekend Night
　　　　　　　　　　　　　　Security/Custodian on duty/Charge Nurse HC

> "Prepare for the unknown by studying how others in the past have coped with the unforeseeable and the unpredictable.
>
> — General George S. Patton
> U.S. Army

Common Preparedness Acronyms

ACF: Alternate Care Facility

ADS: Seattle Aging and Disability Services

AHA: American Hospital Association

AHRQ: Agency for Healthcare Research and Quality (Federal)

AMA: American Medical Association

ASPR: Office of the Assistant Secretary for Preparedness and Response
(formerly **OPHEP:** Office of Public Health Emergency Preparedness)

APHA: American Public Health Association

ARC: American Red Cross

BOH: Board of Health

BSL: Bio-safety Level (generally in the context of laboratories)

BT: Bioterrorism

CBRNE: (often heard as "C-bearne" or C-bearnee") Chemical, Biological,
Radiological, Nuclear, Explosive

CDC: Centers for Disease Control and Prevention

CO: Carbon Monoxide

CRI: Cities Readiness Initiative

DCHS: Department of Community and Human Services (King County)

DHS: Department of Homeland Security (federal)

DMAT: Disaster Medical Assistance Team (a part of the National Disaster
Medical System)

DMORT: Disaster Mortuary Operational Response Team (a part of the
National Disaster Medical System)

DOD: Department of Defense

DOH: Department of Health

DOT: Department of Transportation

DRC: Disaster Recovery Center

DSC: Disaster Services Center

DSHS: Department of Social and Health Services (statewide)

EMAC: Emergency Management Advisory Committee (King County)

EMAC: Emergency Management Assistance Compact (inter-state mutual aid contract)

EMD: Emergency Management Division (usually refers to state department)

Epi: Epidemiology

ESF: Emergency Support Function

FAC: Family Assistance Center (could also be Fire Alarm Center)

FEMA: Federal Emergency Management Agency

HAN: Health Alert Network

HHS (sometimes DHHS): Department of Health and Human Services (federal)

HRSA: Health Resources and Services Administration

HSD (SHSD): Human Services Department (Seattle Human Services Department)

IC: Incident Command/Incident Commander

ICS: Incident Command System

I/Q: Isolation and Quarantine

JCAHO: Joint Commission on Accreditation of Healthcare Organizations

JFSOC: Joint Family Services Operations Center

JIC: Joint Information Center

KCMEO (sometimes just **ME**): King County Medical Examiner's Office (or Medical Examiner)

KCSO: King County Sheriff's Office

MEPG: Multi-Disciplinary Emergency Purchasing Group (local to King County)

MFI: Mass or Multiple Fatality Incident

MHCADS: King County Mental Health, Chemical Abuse and Dependency Services

N-95: A type of mask/Personal Protective Equipment

NACCHO: National Association of City and County Health Officials

NDMS: National Disaster Medical System

NIMS: National Incident Management System

OEM: Office of Emergency Management

Pan flu: Pandemic Influenza

PAPR: Powered Air Purifying Respirator (a type of Personal Protective Equipment)

PHIN: Public Health Information Network

POD: Point of Dispensing/Point of Distribution

PPE: Personal Protective Equipment

RDP: Regional Disaster Plan

RERC: Regional Emergency Response Coordinator

Risk comm: Risk Communications

RMRC: Regional Medical Resource Center

SAR: Search and Rescue or Search and Recovery

SEL: Standardized Equipment List

SHSP: State Homeland Security Program (often used in context of grants)

SNS: Strategic National Stockpile

SPD: Seattle Police Department

SPOC: Seattle Police Operations Center

TCL: Target Capabilities List

UASI: Urban Area Security Initiative (a homeland security funding program)

USAR: Urban Search and Rescue

UTL: Universal Task List

VPAT: Vulnerable Populations Action Team

WA-SECURES: Washington State Electronic Communications and Urgent Response Exchange System

WHO: World Health Organization

WMD: Weapons of Mass Destruction

WSHA: Washington State Hospital Association